08130 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III avaide corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO! NAME OF Middle 4. DATE Day Manth Year DECEASED OF DEATH (Type or print) 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED I DIVORCED Z 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHELTOM EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Iff yes, pive wor or dates of service ASHLAND VA. 18. CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c). NITERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDER, WAS AUTOPSY PERFORMED? YES [20a. EXTERNAL CAUSE WAS
PRIMARY DI OF CONTRIBUTING CAUSE OF GEATH. BESCRIBE HOW_INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY i 20f. (City or town) (County (State) Juctory, street, office-bldg. While Not while's at wark at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry , and find that death resulted from? Matural Accident Suicide Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINERS 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY BOY528 ASHLAND 240, REC'S BY REGISTRAR 246, REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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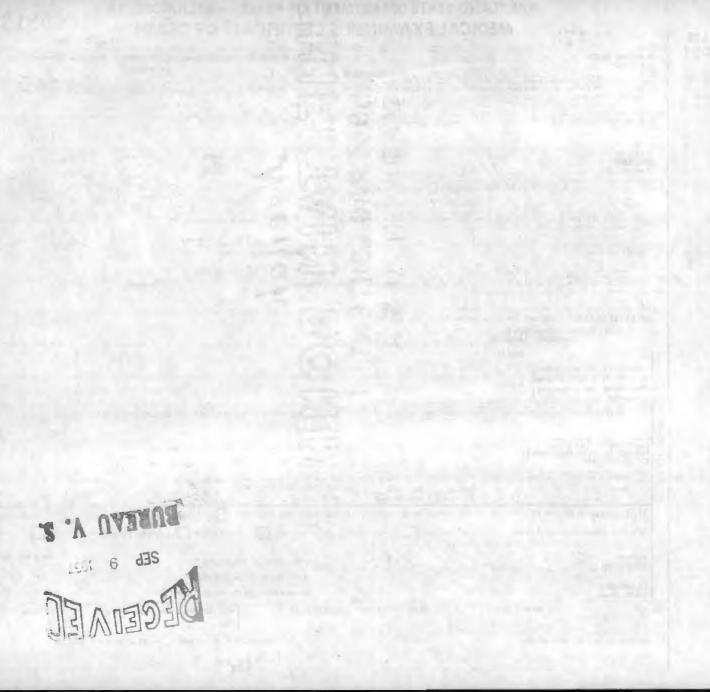
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) p. COUNTY o STATE **b.** COUNTY MARYLAND buriat, b. CITY OR TOWN I'll outside corporate limits, write RURAL E LENGTH OF STAY IN 16 c. CITY OR JOWN (If octside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddless) d. STREET ADDRESS NAME OF DATE Maddle Moeth DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 9. AGE (In Mars) 7. MARRIED NEVER MARRIED | 8 DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS tout birthdattle Months WIDOWED T DIVORCED [10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) during most of worthin life, even if relired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 15. WAS DECEASED 16. SOCIAL SECURITY NO. 17. INFORMANT Address tif yes, give wor or doles of service! 18 CAUSE OF DEATH [Enter only one cause per line for [q], (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which] gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS Y 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) CERTIF CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, 20° TIME OF INJURY Month, Day, Year 20f (City or fown) factory, street, office bldg., etc.) Hour 0.00 While Not while at work of work D. m. 21. I certify that I took charge of the remains described above, held on Autopsy 📈, Inspection A death resulted from: Natural causes , Accident Surcide ... Homicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER ST **EXAMINER'S** MEPUTY DEPUTY MEDICAL EXAMINER FUNE NAME (Type) 22g, BUR AL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 224-LOCATION (Gity, low ٥ PUNERAL D RECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME(S)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. N

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STREET ADDRESS Make Manor Com. Home	
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(Type or Print) W Mn	BAKNES I I Auf 22 1,5/
5, SEX 6 COLOR OR 7, SINGLE, MARRIED, 8, DATE C	OF BIRTH 9. AGE last birthday FUNDER 1 YEAR IF UNDER 2 HRS.
(Spacify)	- 29-1874 8 6 yrs. Months Doys Hours Min.
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3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO	17. INFORMANT & ADDRESS
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IMMEDIATE CAUSE (A)	
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11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	DO AUTANEVA
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while Indian	21F. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from	, 19 , to 0 - 0, 19 , that I last saw the deceased
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227 BURIAL, CREMATION DATE THEREOF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCAT ON (City, togen, or county) (State)
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24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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	11	,	08132 CERTIFICATE OF DEATH Reg. Dist. No. 3/
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requires that the deat ion. Is signed by the attend	sit permit. Then plea and in any evant withi		18. CAUSE OF DEATH [Enter only one couse pacline for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o). DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. (c) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH DUE TO (c)
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PHYSIC fol or of	rematian		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 of work
ENDING se hospi R: After	ached fo		21. I certify that patterded the deceased from M(W), 19.2 1, to 19.2 1, that I last saw the deceased alive an 12.4 and that death occurred at 12.4 M, from the causes and an the date stated above.
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VS A1 15M 9	5 (4) /S5		SANGERA PRECIOR'S SIGNATURE ADDRESS A

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-	c	Annapoli NAME OF HOSPI OR INSTITUTION	S TAL (If not in hos	pital, give stree	et address)		d STREET ADDRESS	Park		<u></u>	e ts R	ES DENC
5/		U.S. Nav	val Hosp				/ Manhatt		ch		YES	A FARM
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		Thomas Je					Marion Ir	ene LA				
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		18 CAUSE OF DEA		ane cause per	line for (o), (b), and rebrovasc	{c}.]					INTERVAL I	BETWEE
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1	22° B	Hour e. m. p. m. 21 I certify the clive on	hat I attended Augus Frederic DN, 22b. DATE 1 8-28-	y, Year 20d. 19 Of While of W Of While 19 Of W Of	Seed from 23 57 and the WER Jr. 22c. NAME OF C	May hat death o	p. 19 57, to occurred at 6:20 D. U.S. Nav Commande CREMATORY Commande	24 Aug PM, from ADDRESS (S al Hos	m the causes of treet, city or town, pital, A ical Com	7, that I las and an the state) anapoli	t saw the date sto	dece led al DATE SI

DECENTED FIL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08134 **CERTIFICATE OF DEATH** Rea. Dist. No. 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **6 COUNTY** MARYLAND Maryland M b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) Annapolis Crownsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Herald Harbor YES NO K 3. NAME OF 4. DATE Year DEATH (Type or print) nschen ugust · leda 19.5 IF UNDER 1 YEAR IF UNDER 24 MRS 5 SEX MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In year! Feb.17,1897 lost birthday) Months Hours DIVORCED [WIDOWED T 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Germany Retired - Nurse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Peters Fritz Castens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Heraldoniarbor Mr. Henry Boschen- Crownsville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]. INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY week IMMEDIATE CAUSE (6) DUE TO 210 days Conditions, if any, which] gave rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$101 19, WAS AUTOPS PERFORMED? YES IN NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II at item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o fi. Nat while at work | p. m. at work 87:3 19.57 that I last saw the deceased 21. I certify that I attended the deceased from... _____, and that death accurred at 114574 M, from the causes and on the date stated above ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE 3.18002 15 mule PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Lincoln Grematory Prince Georges To **Cremation** 23. EMPLERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

BUREAU V. R.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No 142 20 **CERTIFICATE OF DEATH** 08174 director 7.3 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived (f institution, Residence before admission) a. COUNTY Filed b. COUNTY MARYLAND A. A. Md. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ğ RURAL and give negrest town) Q Gibson Island Gibson Island d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 00 OR INSTITUTION YES NO I 3. NAME OF 4. DATE Middle Last Month Year DECEASED OF DEATH (Type or print) Bowen 19 6 T IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years lost histhday) Nov. 27, 1881 White Female WIDOWED IN DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife (rtd) Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christochur E. Russell Ellen Virginia -9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) [1] yes, give wor or dates of service) Mr. W. H. Jory Gibson Island, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY 50mi IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cattle (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? YES NO RE 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) WEDI Hour o m. While Not while at wark 🔲 of wark Aug. 25 1950, that I last saw the deceased . 19 57, to I cortify that I attended the deceased from. and that death accurred at 1050 A.M. from the causes and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME [Type] 220. BURIAL, CREMATION, 22b. DATE THEREOI 22c. NAMÉ OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Loudon Park Cem. Balto. Md. tremation 0 **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/S5

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BUREAU V. S.

TO ATTENT The botton

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CERTIFICATE OF DEATH

08175

Reg. Dist. No.....

COUNTY FF. MARYLAND STATE Maryland COUNTY A A CITY (If outside Corporate limits, write RURAL or give neerest town) OR end give neerest town) TOWN HOSPITAL OR INSTITUTION OR STREET (If rurel give locetion) INSTITUTION OR	
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HOSPITAL OR STREET (If rurel give tocetion) INSTITUTION OR ADDRESS	
INSTITUTION OR ADDRESS	
STREET ADDRESS BOX 27 - THE BOX 27, Route 2	
3. NAME OF DECEASED (First) (Highle) (Last) 4. DATE (Month) (Day) (Ye DECEASED OF DEATH City - 9 19	57
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, C. (Specify) 71. SINGLE, WIDOWED, C. (Specify) 71. SINGLE, WID	24 HRS. Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if COUNTRY?	AT
relied Friend Torres French Torres U.S.A.	
13 FATHER'S NAME	
Chas. Webster Boyan alice Insent repent	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	
(Yes, no, or whk.) [If Yes, give war or detes of service) 218.12-45: in Marine Boyh. Wife	c)
18. MEDICAL CERTIFICATION INTERVAL BET ONSET AND I	VEEN EATH
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(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
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EUREAU V. S.

DECENTER!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SECEIVED AND

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08135 **CERTIFICATE OF DEATH** Rea, Dist. No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arundel Marvland Anne Arundel death b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 å e. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) RURAL and give nearest town) Anna polis Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? U.G. Naval Hospital 922 Windsor Avenue YES NOT NAME OF **First** Middle 4. DATE Month Day Year DECEASED OF DEATH BROIN William (Type or print) Henry 10 57 August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH Months Days lbl e Caucasian | WIDOWED 🔀 DIVORCED T June 1871 papers. 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ALLINGS гетал WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT U. S. Naval Hospital, Annapolis, 9 --arvland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Cardiac Arrest 450.0 DUE TO Arteriosclerosis Conditions, if ony, which ? (b) gove rise to immediate DUE TO cotise (a), stating the underlying couse test. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) IP WAS AUTOPS PERFORMED? 700 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work | of work 18 May August 19_57 that I last saw the deceased 21. I certify that I attended the deceased from... and that death occurred at 7:00PM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE J.S. Naval Hoseital Annabolis PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CHEMATORY-220 BUR AL, CREMATION, 225, DATE THEREOF 22d LOCATION (City, town, or county) page RIMOVAL (Specify) 0 23 NUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE

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FOR STATE DEPT. HEALTH cessory please Brector Page bryour files and of Health, M TO DEPUTY MEDICAL EXAMINER: This cert ficote should be executed within 24 hours after death. If any deay sexecute the cert ficote, writing the word "pending" in penal in them, 18. Give Pages 1, 2, and 3 to the function as should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by FUNERAL DIRECTOR; Page 3 should be used as a buriol-transit permit, file pages, and 2 with the State or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08178 Reg. D

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ist. No.	ZI

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss an)
	Anne Arundel	o. STATE Maryland b. COUNTY
	b. CITY OR TOWN, it outs de corporate time to, write RURAL and give negretal flows)	c, CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town)
1	Severn Few minutes	Baltimore
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1	On Old Talamanh Pd	2116 W. Saratoga YES NO M
E	On Old Telegraph Rd. 3. NAME OF Middle	
ı	DECEASED 5.	Of
1	(Type or print) Gilbert, Burgess	PEATH August 26th. 19 57
ı	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9 AGE In yours IF UNDER 14EAR IF UNDER 24 MRS
ı	M C WIDOWED DIVORCED	9/17/13 453 yrs Manths Days Hours Min.
ıI	during most of working life, even if retired) Truck Driver -U.S.Gov t-heavy auty	RY 11. BIRTHPLACE (Slate or foreign country) 12 CITIZEN OF WHAT COUNTRY?
4	Truck Driver -U.S.Gov't-heavy auty	Pennsylvania USA
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Mr. n. Po.	
ŀ	John Bringess 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN	Annie Simpson Address
1	[Yes, no, or unknown]	, , , , , , , , , , , , , , , , , , , ,
	Yes llWorld War. 493-01-2281 Mr	s. G.Burgess (wife) 2116 W.Saratoga-Balt
1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OFATH
1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Occlusi	
ı	420.1 DUE TO	
1	Carallet and Market Anna Anna Anna Anna Anna Anna Anna Ann	
I	gove rise to immediate couse	the following the second secon
ı	(o), stating the underlying DUE TO	
1	couse lost. (c)	The second secon
j	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	<u> </u>	YES NO NO
I		iter nature of injury in Part I or Part II of item 183
ı		
ï	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE Footo While Not white	E OF INJURY (Hame, form, 120f (City or town) (County) (State)
1	Hour o m While Not white factor p. m. 19 of work of work	rry, street, office bidg , etc)
1	21. I certify that I taak charge of the remains described above	ve, held on Autopsy 3, Inspection A, Inquiry A, and in any
1		
	opinion deoty/resulted from: Natural causes 💹, Accident [, Suicide , Homicide , Undetermined manner
1	across of the total of the second	DATE SIGNED
ı	SIGNATURE CLEAR AND 167, WILLIAM	DATE SIGNED
4	EXAMÍNER'S	ASSISTANT MEDICAL EXAMINER [
	NAME (Type) Gustave H. Faubert.M.D.	DEPUTY MEDICAL EXAMINER 🗖 8/26/57
	270. BUR A, CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR	CREMATORY 22d EOCATION (City, town, or county) (Store)
	burial 8-30-57 Balto.Nat	ional Cem. Balto. Md.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1013 Cem Dalto Md
	La Del 1 1 Botto	AUG 28 100 - 111 / 1/1
	Samuel N. Bullettin an The	I WILL OF WO DIST. Clark excelled



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08179 Rea, Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Fled COUNTY o. STATE b. COUNTY MARYLAND Prince George's Appe Amindel Marvland TOL b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 16 X12 Chelteham. Crownsville days d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? YES THE NO F Crownsville State NAME OF Middle Lost 4. DATE Month Year Day DECEASED DEATH (Type or print) 8 John Edward Campbell 1957 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthdoy) Months 2-14-70 WIDOWED | DIVORCED T Male popers. Negro 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. pup carbon Porter Maryland offer a 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Isaac Campbell Leila L. Campbell haurs remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address R Mending Records Crownsville. Maryland Hosni tal 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (o) 4457 **DUE TO** Hypertensive and Arteriosclerotic Cardiodny Conditions, if ony, which I gove rise to immediate DUE TO couse (a), stating the underlying couse lost vascular Disease **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TE 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Day, Year 204 INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. n. While Not while ot work ot wark p. m. 21. I certify that I attended the deceased from July 1. 1957, to August 21, 1957, that I just saw the deceased olive on_8-2 , and that death accurred at 7:10a M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Crownsville State Hospital PHYSICIAN'S NAME (Type) Crownsville, Maryland Conwell Newton. FUNE 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESA 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SUREAU V. S. 1957

08180 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND Anne Arundel Marryl and ofter death. ero. b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Crownsville State mo. 10 days Paltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 1541 Poplar Grove Street YES NO R Crownsville State 4. DATE NAME OF First Middle Lost Manth DECEASED OF DEATH (Type or print) 1957 Grace Carev 5. SFX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Negro Female Hours unknown WIDOWED [DIVORCED | 68? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State at foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Cafeteria Helper Virginia U.S.A. carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 등 Thomas Carey mave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hospital Records Crownsville . Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hyperglycemia - Diabetic **DUE TO** 60X Diabetes Mellitus Conditions, if any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 PERFORMED? Dehydration and Senility YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. Jr. While Not while at work of work p. m. 8-21-21. I certify that I attended the deceased from detached and that death occurred at 12:05a,M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) Crownsville, Earyland pe PHYSICIAN'S Lionel AcHenry Mann. NAME (Type) TO FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) PREMOVAL (Specify) 1200 23. FUNERAL-DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D/BY REGISTRAR DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1967 ON DESCRIPTIONS

-z/1	MARYLAND STATE DEPART	MENT OF HEALTH-BALTIM	ORE, 18
	CERTIFIC	CATE OF DEATH	Reg. DIN 81517
o 5 - 4	1. PLACE OF DEATH	a testad presonance and	
l director	o COUNTY	2 USUAL RESIDENCE Where deceased lived.	COUNTY Arundel.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
	RURAL and give nearest town)		
offer d	Fort George G. Meade 11 months d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION	Fort George G. Meade,	
2 2	U. S. Army Hospital	Hgs Co, 2nd USA Spt 1	e. 1s residence on a farm? yes \(\) No \(\)
Se Paragraphic Control of the Contro	3. NAME OF First Middle	tosi 4. DATE	
24 1 ed	(Type or print) ROLAND HOWART	Of	A
ithin 2 Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3 DATE OF BIRTH P AGE	(In years IF UNDER I YEAR IF UNDER 24 HRS
3 4 /	Male Norro WIDOWED DIVORCED	1 1011	birthdoy) Months Days Hours Min.
comple popers.	100. USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
de de	Soldier U. S. Army	Philadelphia, Per	nnsyl. USA
- e 5 di	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
certificate g physicio remove co	Herbert Carey	Lucy Fields	
phy:	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	7. INFORMANT	Address
e ge	Yes 176-32-5672 =	Fort Meade Personnel Re	acords
death Hendin please within	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) }	Drowning ? Tentative	INTERVAL BETWEEN ONSET AND DEATH
to other	PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (of	Develor Medical Colors	GOX ONSET AND BEATH
that if	9297 DUE TO		
를 한 분 시	Conditions, if any, which agove rise to immediate		
our in in	couse (a), stoting the under-		
ion asit	lying couse lost.) (c)		
law bee	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	FUT NOT RELATED TO THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
The g pl	TO ACCIDENT WAS UNDERLYING TO 1200 DESCRIPE HOW INTURY OCCU	RRED (Enter nature of injury in Part I or Part II of it	YES NO
or or	E OR CONTRIBLISHS LI CAUSE OF DEATH		
		ting in Kelly Pool Ft Me PLACE OF INJURY (Home form, 201 (City or low)	eade, Md on 2 Aug 57 (County) (Stote)
HYS as ce wati	Hour o m. While Not while	factory street, office bldg., etc.)	(County) (Stole)
for the cree			A.A.
Afred iot.	21. I certify that I attended the deceosed from 1915hrs		
TEN Processor	alive on, 19, and that dec	ath occurred atM, from the a	causes and on the date stated above. y or lown, state) DATE SIGNED
P de Cree	SIGNATURE - ALLE STATE		
Prio D	SIGNATURE	MD. Fort George G. Mes	ide, Ma
TAT rot	PHYSICIAN'S JAMES A. CUTSHAW, Captain, MC		
OSPIT De ra JNER registr	220 MORAN, CEPNANON, 1225. DATE THEREOF 22c NAME OF CEMETERS		ly town, or county) (Stole)
Poge the re	Hambal 8-6-57 Beverley		
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a REC'D BY REGISTRAR	246 REGISTANT'S SIGNATURE
VS A15 (4) 15M 9/55	Earl B/ Wolverton Funeral Home,	Inc DATE 5 AUG 57	Wilbur H. Downs, Jr Capt. MS
	6306 - Belair Road , Baltimore		The page Mis

SECELVEIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08136 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Anne Arundel Mamiland b COUNTY An a To whell MARYLAND CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give nearest town) Rural-Cape St. Clair, Anjapolis . apolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? e Amundel Dan. Hosaital YES NO T NAME OF Middle 4. DATE Month Yeor DECEASED Carmine Raffaele (Type or print) XXXXXX DEATH Cavallo 19 77 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Dovs WIDOWED [DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. States 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME Luigia Ratti 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 445X **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 📝 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour 6. ft. Not while at work of work 21. I certify that I attended the deceased from , 19____that I last saw the deceased alive on and that death occurred at ...M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore Md. New Cathedral Cem. Burn al 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24c. REC'D BY REGISTRAR 24b. REGISTBAR'S SIGNATURE

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1	_	+	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5 B 6	M.)	Ĺ	08137 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dirt. No. 08152
shauld cremot	4 ×	1	PLACE OF DETAIL COUNTY MARYLAND 2. USUAL RESIDENCE (Where defended lived). If institutions bendence before admission) o. STATE ALLY COUNTY L. COUNTY
Pogs A		ŀ	c. CUX OR TOWN (If outside corporate fimile, write RUPAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate fimile, write fural and give nearest town)
is nece		T.	NAME OF HOSPITAL OR WISTIBITION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
deloy			NAME OF DECEASED NAME OF DECEASED No INTERPORT NO INTER
If any		5/	Type or print) CLARA CATTS DEATH 9 AGE (In years of birtheld) EX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DAJE OF BIRTH 9 AGE (In years of birtheld) Months Days Hours Min.
deoth.		100	email to widowed by Divorced 1 (6-27-1911 46 yrs. Marie soys hours with
ofter o		76.	Varnestic Jone E. C. Co. Atd. VI.S. U.
bours e 5 mc pages			WAS DECEASED EVERABLY STARMED FORCES? 16. SOCIAL SECURITY NO 17 YEARONNANT Address
Thin 24	0	/(Yes	no or unknown) (Hyselfire for soles of series) - Clara Brown Agverya (FE. Md.
Med will 18. (PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MASSIVE Subarach no. of Albarowh & ge
in Item vith for tronsit	1		902.0 DUE TO Conditions, if any, which) (b)
pencil pencil olong burial-			gove rise to immediate couse (a), stating the underlying couse lost. (c)
office of os a	0	MION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED?
pendi pendi iner's be use		ERTIFIC	200 EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) CAUSE OF DEATH.
word word of Exam should	, dec	DICAL C	20c TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20-, PLACE OF INJURY (Home, farm) 120f. (City or town) (Store)
AMINI Ing the Medico Poge 3	C. 4.	MEDI	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that
chief TOR:	_*		death resulted troop. Matura causes . Accident . Suicide . Homicide . Undetermined cause .
Trification the Colrect	2		SIGNATURE AUDICAL EXAMINER DATE SIGNED
the cal	¢		EXAMINER'S NAME (Type) FILIN NOKOTT DEPUTY MED CAL EXAMINED 8/13/3
cate form TO FU		220	EDIRIAL CREMATON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CHEMATORY (City town, Acounty) (Stole) 700.
VS. A15ME(5)	l, d	-	FUNERAPORECTOR'S SIGNATURE) ADDESS ADDESS 240. REC'D BY REGISTRAR 24b. REGISTRAR 9'S GNATURE The Force
3m 2733	7.	L	AUG 22:1957

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MECENVELL

BUREAU V. L

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
X	08139 CERTIFICATE OF DEATH Reg. Dist. No. 21
director (1)	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] b. COUNTY b. COUNTY Anne Arundel
be fi	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
e fun	Annapolis d. NAME OF HOSPITAL (If not in hospitol, give street oddress) fig. STREET ADDRESS a. IS RESIDENCE
TO STATE OF	104 Monticello Ave. 104 Monticello Av.e
in 24 ho	3. NAME OF DECEASED Clark Lost 4. DATE Month Day Year OF DEATH August 31 19 57
Pog Pog	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Fomale White WIDOWED DIVORCED Aug. 18, 1893 9 AGE (in years lif UNDER I YEAR IF UNDER 24 HRS lost by rinday) Months Days Hours Min
ored or pers	10g USLAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) [12, CITIZEN OF WHAT COUNTRY?
ond ond I	Bookkeeper, ret Dairy Company Edgewater, Maryland USA
2 500	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
sicio	William D.K. Lee Mary Larrimore
phy phy Phy Pour Phy	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Ves no or unknown) (4 yes, give wor or dates of service) 7 (4-7) 5-77 (6) 7
offing ase rule in 72	no none 18 CAUSE OF DEATH [Enter only one course per present (a), (b), and (c)] INTERVAL BETWEEN
with ple	PART I DEATH WAS CAUSED BY
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tho my e	Conditions, it ony, which) 10 Milios Report Clark Shalos I mais
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ond ond	lying couse lost.) (c)
s bei	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED?
The The Portion of th	
AN: Ficate or o	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I at Port II of item 18.)
SSICI Frent Stan.	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
PHY del of or this or the company of	20c. TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or fawn) (Caunty) (State) Haur o. m. 19 While Nat while of work Of work
No spiral property of the spiral property of	21. I certify that I attended the deceased from 1955, to 1950, that I last saw the deceased
Doch A Surice	alive on 18-30 1957, and thus death occurred at 700, from the causes and on the date stated above.
ATT CTO	ACTUAL AC
d by	SIGNATURE AND MD.
TA1	PHYSICIAN'S James R. Martin 6 Shaw Street, Annapolis, Md.
DSPI De 3 3	220. BUR.AL CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote)
O HOS moy b poge The ree	Burlal Sept. 4.57 Cedar Bluff Cemet. Annapolis, Md.
VS A15 (4)	232 PUSERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR'S SIGNATURE
15M 9/55	HOPPING FUNERAL HOME Annapolis, Mi. POATE 1901 /m. J. Thenely

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DECENTED TO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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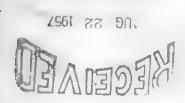
A 14 UARRUR

7661 85 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Annapolis Md LANDAM - MARY/QNd. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 9323 Jourth. Stree Emergency Hospital YES NOYS NAME OF 4. DATE DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED [B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HPS lost birthday) Months Feb 14, 1943 WIDOWED [DIVORCED T retoil 2 will 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? duneg most of working life, even if retired) Washington D/ C. II S A school 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sampson Roe Cooke Suzanne Spindle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Suzanne Spindle Lanham, Maryland. none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: FRACTURE - SKULL-Sudden IMMEDIATE CAUSE (o) 16 X **DUE TO** Conditions, if any, which] gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO X 200 EXTERNAL CAUSE WAS PRIMARY TO 07 CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (County) (Stote) Not while factory, street, office bldg., etc.) While of work of work A.A.Co. HITHW AY 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause . **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER TO 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Evergreen Cemetery Aug 20, 1957 Bladensburg, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D SY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSMEIST Hyattsville, Md. ons 5M 9755

DEPUT





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08185 **CERTIFICATE OF DEATH** Reg. Dist. No. with il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Anne Arundel Marvland uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) þ RURAL and give nearest town) 6vrs.4mo.13dk Baltimore Crownsville. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1916 Aisquith Street YES NO R Crownsville State NAME OF Middle DATE Month Day Year DECEASED OF DEATH (Type or print) 8 19 57 David Floyd Cooper 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days rban papers. er death. DIVORCED | WIDOWED [September, 191 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Truck Briver Norfolk. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 분 분 분 분 Foster Mother - Daisy Sheffield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Crownsville, Maryland Hospital Records please 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c)-] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) DUE TO Staphylocci Infection Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? General Paresis YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year (County) (Stote) Hour a. n. factory, street, office bldg., etc.) Not while ot work 🗍 of work 🗍 21. I certify that I attended the deceased from 7-23- 1957, to 8-25 . 1957 that I last saw the deceased alive on__8-25 and that death occurred at 6:45a, M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE M.D. Crownsville Maryland PHYSICIAN'S Conwell Newton, M. D. NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, Igin, gc county) (State) AREMOVAL (Specify)? **FUNERAL DIRECTOR'S SIGNATURE ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

death.

BOKEVO K. S. 1962 VNG 89 1962 SECEINE

	MARYL	AND	STATE DEPART	IM:	ENT OF HEALTH	-BAL	TIMORE, 1	8	n () 4	60 /
	08186		CERTIFI	CA	ATE OF DEATH	1		Reg. Dis	_	6008
PLACE OF DEATH	ne Arundel		MARYLAN	AD (2 USUAL RESIDENCE (Who o. STATE Maryla		b. COUNTY	n- Residenc Unkr		odmission)
b. CITY OR TOWN (If autside corporate limits, write gurat and give necess lawn) Crown SVILLE, Md.				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore City						
OR INSTITUTION	AL (If not in hospital, g				d street address Unknown	1			1	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fic Rut		Middle		Corbin	4. DATE OF DEATH	Mani 8	h	Day 6	Yeor 19 57
Female	6. COLOR OR RACE Negro	7 MARRII	ED NEVER MARRIED [B. DATE OF BIRTH Unknown		9 AGE (In years loss birthday) 50? yrs.			UNDER 24 HRS. Hours Min
USUAL OCCUPATIO during most of work	ON (Give kind af work a ling life, even if retired)	lone 10b. K	CIND OF BUSINESS OR IN	NDUS	Unknown	or foreign co	ountry)		S, A	WHAT COUNTRY?
FATHER'S NAME	Unknown		34	ind	14. MOTHER'S MAIDEN N		nown			
	R IN U. S. ARMED FOR				FORMANT Togoital Recor	rds	Addr Crot	msvi	Lle,	Md.
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	7.5	e for (o), (b), ond (c)], leart Failur	o- ((Acute)				ONSET	AL BETWEEN AND DEATH Iden
Canditions, if an	ny, which }	Ar	teriosclero	tic	Cardiovascul	lar Di	sease		4 to	8 years

NAME OF DECEASED (Type or print) 5. SEX Female 10a USUAL OCCUPATI during most of wor None 13. FATHER'S NAME 15. WAS DECEASED EV 18. CAUSE OF DE PART I. DE Candilions, if gave rise to cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) While Not while at work 21. I certify that I attended the deceased from January \$8 19 20 to August 6 19.57 that I last saw the deceased alive on_August and that death occurred at_____M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Crownsville, Md. SIGNATURE Conwell Newton, M. D. 220. BURIAL, CREMATION, 225. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

240, REC'D BY REGISTRAR

DATE

346 REGISTRAR'S

VS A15 (4) 15M 9/55

S'A OVENA

MIT A FTO FOIL

		MARYLAND STATE DEPARTMENT OF HEALTH—	BALTIMORE, 18	08161
		08141 CERTIFICATE OF DEATH	Reg. Dist	
	1.	PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where do o. STATE D	deceased lived. If institution: Residence b. COUNTY	before admission)
		ANNOPOLIS 2-0deys Sudley	le corporate limits, write RURAL and gi	ve negrest fawn)
10		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ATCHEVE	/	on a farm? YES NO
	3.	DECEASED / / IN TO TO A A A A TO TO A A A A TO TO TO A A A A	DATE Month OF DEATH AUG	Day Year 3 195
	5	olite Female Widowed Divorced 43414 186.		YEAR IF UNDER 24 H
1	10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) #USEWIFE WOUGH WOUNT TO BETTHERED TO BETTHERE	reign country) 12. CITIZ	EN OF WHAT COUN
	13.	FATHER'S NAME OM. REMP DAWSON MARLEAR LT	PEBECCIA SI	14/10/10-
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT LIDA MORELA. LIDA MORELA.	Address	
			cident arehal	INTERVAL BETWEEN
		Canditions, if any, which are to immediate (b) arrelated arthursely gave rise to immediate	unig	
	z	couse (a), staring the under- tying couse last. DUE TO Churue up hutes		
^	FICATIO	PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I		PERFORMED:
	A CERT	200. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part E CONTRIBUTING ACCURRED. (Enter nature of injury in Part E CONTRIBUTING ACCURRED.)		
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. gr. 19 While Not while of work all work foctory, street, office bldg., etc.)	Of (City or town) (Co	ounty) (Sto
		21. I certify that I attended the deceased from July 10, 1957, to qualities on allyways. 1257, and that death accurred at 1230 M	from the causes and an th	ist saw the decer
,		ACTUAL STORATURE Emily H. Whin M.D. Letter	RESS (Street, city or town, store)	DATE SK
1		PHYSICIAN'S NAME (Typo)		
1	22	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d 22d 22d 24c.	LOCATION (City, town, or county)	(Stote)
1	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240 REC'D BY	REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
11				17 115



BUREAU V. E.

7		t	em 20 Film 22MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
d b	-		08142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
Should should	8.7	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) 5. COUNTY
a., 4	W.		Anne Acurdel MARYLAND STAVETY lend b. COUNTAine Arundel
Poge A	44 7"		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) and give nearest form)
26.00 July 1			Annapolis ×2 RFD Annapolis
r to	•		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
in the second			DOA Anne Arundol General Hospital Best Gate Rd.
delo ol o ur f trar		3.	NAME OF First Middle Lost 4. DATE Month Day Year OF
une you you			(Type or print) William Grady Dillion Jr. DEATH August 14 19 57
He for the form		5. 1	The state of section o
in the	-		Nale White WIDOWED DIVORCED April 12, 1957 - yrs. Months Days Hours Min.
da da		100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
ond ond	1		none none Welch, West Virginia USA
1, 2, 2, 1, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5 7 5 9 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8			William Grady Dillion Josephine
2000 e	,	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
A Pin			Mr William G. Dillion Father same as # 2
P. C. L.			18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).]
r 13			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
The formal state of the state o	4		121.0 DUE TO
Main With			Candilians, if any, which (b)
orio urio			gave rise to immediate cause DUE TO
Store of the contract of the c		_	couse tost. (c)
Offic Os		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
riffic 's O see	0	3	YES NO
per iner		CERTE	206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
This round of the common of th			CAUSE OF DEATH. Aspiration Vomitus
EN WOOD WAS		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Park of the Place o
N P P P P P P P P P P P P P P P P P P P	4 .	₩E	pm 19 of work 22 Home Lawrence NE BostGate AA Md.
A HIN			21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that
Phie O.R.			death resulted from: Majara causes. Accident . Suicide . Homicide . Undetermined cause .
MEDICA rtificate, of the C			DATE SIGNED
HED THE	.n		SIGNATURE M.D. CHIEF MEDICAL EXAMINER
()			EXAMINER'S ASSISTANT MEDICAL EXAMINER []
DEPUTY the the conversed in the converse in the conversed in the converse in th			NAME (Type) Elmer G. Linhardt DEPUTY MEDICAL EXAMINER ()
Cotte forw O FUJ		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
7			Daniel C IV Fry Priviler Complement D. Mary land
VS. A15ME(5)			FUNERATORECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR ZAB. REGISTRAR'S S.GNATURE
5M 9/55			Hopping Fureral Home Jannapolis, Mo. 1048 G 19193. Mr. J. Thenchy

BUREAU V. S.

OBVIBOEM 1997

1	-	,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
o=	`T'	1	OS143 CERTIFICATE OF DEATH Reg. Dist. No. 163
director,	Ti-	7	1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) Maryland b. COUNTY Anne Arundel Maryland
unerol Id be f	i dec		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian
the show			d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Anne Arundel General Hospital d. STREET ADDRESS ON A FARM? YES NO K
Hed in			3 NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) HARRY S DONALDSON DEATH SEE 195/
iterely fi			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H/S last birthday) Months Days Haurs Min.
and camp bon paper	I)	1,	100 USUAL OCCUPATION/GIVE Light of work done 10b. KIND/OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S NAME 14. MOTHER'S NAME
physician mave car hours aft			Thomas S. Donaldson Mary B.
phys mov hou		,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (You no, or unknown) (If you, give wor or dates of service)
ding ose r		-	Raymond A. Evans 2423 Kenton Place
the atten Then ple vent with			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO HILLOWS HAVE CAUSED AND DEATH CLAYPER AND DEATH
in permit.			Conditions, if any, which gave rise to immediate course (o), storing the under- lying course lost. (c) Conditions, if any, which gave rise to immediate course (o), storing the under- lying course lost.
g physicic has been urial-trans		Ò	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NOW ACCIDENT WAS UNDERLYING TO 20th, DESCRIBE HOW INJURY OCCURRED (Enter polytre of injury in Part I of item 18.)
icate he b			20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION CAUSE OF D
this certificate use as			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work at work.
After I After			21. I certify that I attended the deceased from Chyclist 17. 1951, to Chyclist 16. 1957, that I last saw the decease alive on the great 16. 1957, and that death occurred at 10:181 M, from the causes and on the date stated above
d by the RECTOR be deto		,	ACTUAL Francische XIII Leutlung Shacky Signer (18 or town, stote) DATE SIGNE SIGNATURE Francisco XIII Leutlung Shacky Signature Signature
relaine strar pr	. /		PHYSICIAN'S Franklin D. Hendricks MD
may be 3 FUNE page 3			220 AURIAL CREMATION, 226. DATE THEREOF 22c MARIE OF CENTERRY OF CRIMATORY 22d. LOCATION (City, town, or country) (State) (Specify) S-20-57 COUNTRY (Specify) Since (Marie Country) (State)
VS A15 (4) 15M 9/55	* A		20. FUNERALDIRECTOR'S SIGNATURE ADDRESS ADDRESS 249, RECID BY-KEGISTRAR 246. REGISTRAR'S SIGNATURE JOHN JONES 30049498 / MANUEL JONES JONE
		0	

BUREAU V. S.

NGE EI DAY

1			MARYLAND STATE DEPART	TMENT OF HEALTH—BALTIMORE, 18	0616A /
* 0±		L	08187 CERTIFI	CATE OF DEATH Reg. Dist. I	08164
Page director led wit	7	Ŀ	PLACE OF DEATH 5. COUNTY Anne Arundel MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE Laryland b COUNTY Baltin	efore admission) nore City
death uneral Id be f	M		CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Crownsville, Md. 3 yrs.	to c CITY OR TOWN [If outside corporate limits, write RURAL and give Baltimore City	nearest tawn)
irs after	1.		d NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION Cr. wn_ville Hospital	d. STREET ADDRESS 617 N. Mount Street	* IS RESIDENCE ON A FARM? YES NO
iffed in		ſ	NAME OF First Middle DECEASED (Type or print) Anita.	Lost 4. DATE Month OF DEATH 8	Day Year 2 19 57
d within detely fi		5.	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	lost berinday) Months Dos	EAR IF UNDER 24 HRS ys Hours Min.
executed and compon paper danh.	1,		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	NDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN Maryland U. S	OF WHAT COUNTRY
ote be ician a e carbo rs offer		13.	Joshua Downs	14 MOTHER'S MAIDEN NAME Susan Jackson	
certific ng phys remay 72 hau	*1	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Unknown Unknown Unknown	17. INFORMANT Address Hospital Records Crownsville,	Md.
quires that the death igned by the attendi permit. Then please	V		18 CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UE TO Conditions, if any, which gave rise to immediate course (a), stating the under-	umonia	NTERVAL BETWEEN NSET AND DEATH 7/30/57
IAN: The law recarding physician ficale has been so the burial-transit or remaval, and	Ź.	CERTIFICATION	Schizophrenia, Paranold Typ	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)	19. WAS AUTOPSY PERFORMED? YES M NO
PHYSICI al ar ath this certif		MEDICAL	Haur a. jt. p. m. 19 While Nat while at work at work	PLACE OF INJURY (Home, farm, fociary, street, office bidg., etc.) (Countries of the bidge, etc.)	
917AL OR ATTENDING 1 relained by the haspite 1. ECTOR: After to 1. O detached for 1. Item to burial, cr.	/		21. I certify that I attended the deceased from, Uct. 2	27 , 19 54, to August 2. , 19 57, that I lost eath accurred at 9:55aM, from the causes and on the ADDRESS (Street, city or town, state) M.D. Crownsville, Md.	saw the deceased date stated above DATE SIGNED 8/2/57
may be o fune page 3 the regi	,	1	PUNERAL DIRECTOR'S SIGNATURE 226. NAME OF CEMETER 226. NAME OF C	burn Bacto ma	(State)
VS A15 (4) 15M 9/55			Plano hall Phayen Ball	246, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNA DATE	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

in the same MANUAL TO

08165 08188 **CERTIFICATE OF DEATH** Reg. Dist. No With 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) Arundel Anne o. COUNTY I dire a. STATE **5 COUNTY** MARYLAND 150 Ohio ero b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 Meade should G. Mead Cincinnati. Ohio d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION APIY HOSPITAL ON A FARM? YES NO Meude NAME OF Middle 4. DATE Yeor DECEASED (Type or print) DEATH 19 AGE (In years FUNDER 1 YEAR IF UNDER 74 HRS lost birthday) Manths Days Hawre Mar COLOR OR RACE 7. MARRIED | NEVER MARRIED B PATE OF BIRTH 24jn DIVORCED T WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. 14. MOTHER'S MAIDEN NAME JUDITA BETH PITZER 6 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Hospital Records U.S. Army Hosp, Ft Meade, Md 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH ä PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) day 13 hrs DUE TO 25 min re maturi Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🦳 NO.F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) Hour o. fr. Nat while factory, street, affice bldg., etc.) While at work 🔲 at wark 21. I certify that I attended the deceased fram. ______ 19___that I last saw the deceased 57, and that death accurred at 1502 M, from the causes and an the date stated above 29 August ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S C. E. LACOSTE, CAPT, MC NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 8-39-57 Buria Baltimore. National Reltimore 246 REGISTRARISTIGNAT 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR COOK, Inc., 1217 St. Paul Street DATE 29 AUG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. 2

2561 68 **9N**V

MECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08190MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where degreesed lived/) If institution; Residence before adapts on) PLACE OF DEATH a. COUNTY d. STATE COUNTY MARYLAND burial, b. CITY DR TOWN (It autoide corporate kmult c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A EARM? YES NO NAME OF 4. DATE Middle Day Year Last DEATH (Type or print) 195 9 AGE Its years IF UNDER TYEAR IF LINDER 24 HRS 4-EDLOR, OR RACE 7- MARRIED NEVER MARRIED | 8/DATE OF BIRTH Months Days Hours Min. retained 2 with t WIDOWED [DIVORCED [7] of foreign cou 12 CITIZIN OF WHOT COUNTRY? MSUAL OCCUPATION (Give kind of work done 10b_HOND) OF BUSINESS OR INDUSTRY **BIRTHPLACE** (Stote most of working life, even if retired) mes puo ê Q 13. SATHER'S NAME NAME VO. 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO [If yes, give wor or dates of service] Give 18 CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) iof-transit **DUE TO** Conditions, if any, which gave rise to Immediate couse DUE TO (a), stoting the underlying cause last. O PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO [20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Should Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY 20f. (City or town) factory, street, office bldg., etc.) Not while Hour While Q. m. at work al work p. m. Inspection Inquiry , and find that the Chief / Motural couses H Accident . Suicide . Homicide . Undetermined cause death resulted from DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER forward FUNE: NAME (Type) 27d LOCATION (City, town, or copyry) DATE THEREOF CEMETERY OR CREMATORY CREMATION. 226 O DRECTOR'S S. GINATURE 24g. REC'D BY REGISTRAR 276/ REGISTRAR'S SIGNATURE DATE AUG 2 2 VS ATSME(5) 5M 9/55



/NC SS 1021



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VS A1SME(5) SM 9/55

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08191

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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				/	5

-	Dist.	Ma	
WW-	Brist.	PARTY.	

1		PLACE OF DEATH		2. USUAL RESIDENCE (WI	nere deceased lived. If institutions Resider	nce before admission)
		o. county Anne Arundel	MARYLAND	o. STATE Maryland	b. COUNTY	
	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nected flows)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	Anne Arunde loutside corporate fimits, write RURAL and	give neorest town)
		P.O.Pasadena	15 minutes	X2 Clearwater	Beach. P.O. Pasader	10
		. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tal, give street address)	d. STREET ADDRESS	204011	e. IS RESIDENCE
Ö		toney Creek		8224 High Po	int Road	YES NO
	3.	NAME OF First DECEASED	Middle	Lost 4	DATE Month	Day Year
		(Type or print) Ferdinand Nichol	aus Ellingha	ous	PARTIE .	1957 19
	5. 9	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 3.	DATE OF BIRTH	9. AGE (In years IFUNDER)	
		Male White WIDOWED		11/6/1902	24 ya.	Days Hours Min
1	10a	USUAL OCCUPATION (Give kind of work done 10b, KI) Usuagenost of work no life, even if setured) CONSTRUCTION WORKER	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of	r fareign country) 12, CIT-Z	EN OF WHAT COUNTRY?
	-			7		J.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	· ·-	
		Henry Ellinghaus		Elizabeth :	Schaum	
/	15. [Ym	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO 17 IN	FORMANT	Address	
ب	·	NO (If yes, give wer or dates of service)	8-07-2280 Mr	.Nicholas Hen	ry Ellinghaus (brot	her)
		18 CAUSE OF DEATH [Enter only one cause per line fo	r (a), (b), and (c).]			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Accide	ntal Drowning			Sudden
		850 Y IMMEDIATE CAUSE (6)				- 444071
,		Conditions, if ony, which)				
1		gove rise to immediate cause				
		(o), stoting the underlying DUE TO				
	7		TR OL TIME TO SELVI ALIVA			
0	CATION	PART H OTHER SIGNIFICANT CONDITIONS CON	INSUING TO DEATH BUT N	OF KELATED TO THE TERMIN	ALDISEASE CONDIT ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	FCA					YES NO 🗐
	CERT F	CALISE OF DEATH	HOW INJURY OCCURRED (E			.le
	¥	20c. TIME OF INJURY Month, Day, Year 20d. IN.	Doing and fel	E OF INDIRY (Home form	boat in Sotney Cree	
3	WEDICAL	Haur a m White	Not while facto	ry, street, att ce bldg , etc.)		***
	2	0.7010/10/7/		ney Creek	الباري والمحاصر بمطاعته المناجات	Md.
		21. I certify that I took charge of the re				(X), and find that
		death resulted from Natural causes []	, Accident XI, Suid	ide [, Hamicide [, Undetermined cause	
		1- 11 h	1 1.1			DATE CLOSICS
		SIGNATURE ELECTION AFTER	feel (K)	M.D. CHIEF MEDICAL EXAL	MINER [DATE SIGNED
		EXAMINER'S		ASSISTANT MEDICAL	EXAMINER [
		NAME (Type) Gustave H. Faubert	M.D.	DEPUTY MEDICAL EX	AMINER 1 8/10/57	
	72a.	BURIAL, CREMATION, 22b DATE THEREOF 22 REMOVAL (Specify)	C. NAME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, fown, or county)	(Stote)
			<u> IIJI - Grosa J</u>	200 g 340	Latira	
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246. REGISTRAR STEIGH	NATURE
		McGully Functal .	7 1, 1,	DATE	-1319 X Y 1	Vedlor

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DE ALEGERALES

7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 (10		08193 CERTIFICATE OF DEATH Reg. Dis (18171)
executed within 24 haurs after death age of a completely filled the funeral articlor, an papers. Pages 1 shauld be fill writh the death.	3.	CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH COUNTY A PROPERTY OF TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) RURAL ond give nearest lown) A STREET ADDRESS OR INSTITUTION NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION OF DATE OF Months NOTE OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION OF DATE OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION OF DATE OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION OF DATE OF HOSPITAL (IF not in hospitol, give street oddress) OR INSTITUTION OF DATE OF HOSPITAL (IF not in hospitol, give neares) Iown) OF DATE OF DAT
riffcate be ex physicion and smove carbon hours offer de	15.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 11 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 13 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDE
requires that the death contain. In signed by the attending I sail permit. Then please re and in any event within 72.		18 CAUSE OF DEATH [Enter only one couse per lise for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE [o] Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (c)
PHYSICIAN: The law that or attending physician continue has be use as the burnal-transfer cremation, ar remaval,	MEDICAL CERTIFICATION	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(d) 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Stote) Fociory, street, office bldg., etc.) 19 While Not while Not while of work Office bldg., etc.)
retained by the hospital of th		21. I certify that I attended the deceased fram for 12. 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased alive and 19.5 (that I last saw the deceased
VS A15 [4]		BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Town, or county) (Stote) REMOVAL (Specify) BY REAL DIRECTOR'S SIGNATURE ADDRESS/ AD

BUREAU V. S.

- FOI 61 DUA

DECEINE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

AL OR ETTENDINE PHYSICEN: The law requires that the Leath certificate by executed within II haves of death: In the law requires that the leath certificate by executed within II haves of	
stained by the liaspital or attending physician.	
N. C. ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director.	1
the detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and should be filed with	
rar prior to burial, cremation, or remayal, and in any event within 72 hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08194

CERTIFICATE OF DEATH

08172 Nist. No. 2/

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY		MARYLAN	II A STATE	PENCE (Where deceas	ed lived, If instituti b. COUNTY		fore admission)
b. CITY OR TOWN (If autside of RURAL and give nearest town	corporate limits, write	c LENGTH OF STAY IN 1	H	OWN (If autside carp		_	nearest town)
Trund Bay		Yrs.	X2 Rou		Severna	t akte	
d. NAME OF HOSPITAL (IF not OR INSTITUTION E.a.u.	in haspital, give street o	address)	d. STREET A	el Road			e. IS RESIDENCE ON A FARM? YES ☐ NO []
3. NAME OF DECEASED (Type or print)	First Willia	Middle M II	Gardner	4. DATE OF DEATH	Man		Day Year 1.0 19 57
5. SEX 6. COLO	R OR RACE 7. MARR	IED NEVER MARRIED	3. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
m line	Lite WIDOWE			1 7007	last birthday)	Months Days	Haurs Min.
10a. USUAL OCCUPATION (Give I	and of work done 10b.	KIND OF BUSINESS OR IN		ACE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
Str. Painten	ince		P	2.0			ro all regalish
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Fred Ga	rdner		Lyd	a Funning			
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Add	ress	
210	3	11. 03 2501	Mrs. Nel	le Gardner	· T ~ ·	יי ביירי	
Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. PART II. OTHER SIGNI	CAUSED BY: TE CAUSE (a) DUE TO (b) DUE TO (c) FICANT CONDITIONS C	AILEN & CARLIA	BUT NOT RELATED TO			ley /	ITERVAL BETWEEN NSET AND DEATH (3 m ow/h) 19 WAS AUTOPSY PERFORMED? YES NO 2
	YING 1 20b. DESC E OF DEATH EXAMINER)	CRIBE HOW INJURY OCCU	IRRED (Enter nature of	injury in Part I ar Pa	rt II af item 18.)		
20c, TIME OF INJURY Month Hour a. st. p. m.	While	Not while at wark	PLACE OF INJURY IN factory, street, affice	tome, form, 20f. (Cit bldg., etc.)	ty or town)	(Count	y) (Stote)
21. I certify that I all alive on	$\frac{1}{9}$ 125			730 P. M. fro	m the causes a Street, city or town,	ind on the d	saw the deceased above DATE SIGNED
220 BURIAL CREMATION 22b. (REMOVAL (Specify)	DATE THEREOF	22c. NAME OF CEMETER			ATION (City, town, o	**	(Slale)
23. FUNERAL DIRECTOR'S SIGNAT	1-11/	ADDRESS	Lar. On.		Gesport,		ine /
1.0071 1 at Little La		OF Post 1	3. " 3/7	PATE C 1 9	1957	STRAR'S SIGNAT	Thomash



PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK-110 NOT USE A BALL POINT PEN.

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>	([[X] [[X]] [X] [[X] [[X]] [[X] [[X]] [[X]] [[X] [[X] [[X] [[X]] [[X]] [[X]	T OF HEALTH—BALTIMORE, 18 181732
		12673 CERTIFICATE	E OF DEATH Reg. Dist. No.
F. L.C.	(T)	NAME OF DECEASED James Garri	ett PATE aug 6,1957
SAL	3. A	PLACE OF DEATH: Baltimore City, Maryland 5908 Bellegrove Rd.	4. USUAL RESIDENCE (Where decessed lived, It institution: residence a STATE B COUNTY before admission)
DAY	MC MC	FULL NAME OF (If not in by pital or institution, give street address or ospiTAL OR location) STITUTION (In a location)	C CITY OR TOWN (If butside corporate limits, write RURAL and live
18	LIN		Patapsco Park anne auntel Co. Tra
KEE (Length of stay in Baltimore 51 yrs Mos. Days	D. STREET ADDRESS (If rural, give location)
THE	5	5EX 6 COLOR OF RAJE / SINGLE MAYRIEL WIDOWED DIVORCED (Specify)	3 CATE OF BIRTH AGE (In years It Under I Yest In Under 24 Hours Last birthday) Months Days He irw: Min.
		hale Colored married	11 FIRTHER AT ISTACOT FROM COUNTRY) 12 CITIZEN OF
THIN	work	A USUAL OCCUPATION (Greekinded and domeduring most of working life even if retired)	WILLIAM COUNTRY
WIT	13	FATHER'S NAME	14. MOTHER S MAIDEN NAME
Sa		Walter Garrett	Mary Williams
TAL RECORD		WAS DECEASED EVER INUL S ARMED FORCES? 16. SOCIAL So, no or unknown) (If yes, give war or dates of service) SECURITY NO	17 INFORMANT ADDRESS
RE		CALICE	OF DEATH
13		DISEASE OR CONDITION DIRECTLY	OF DEATH
12		(This does not mean the mode of dying, e.g., (A)	MICINOMA OF
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	1-UNG
		ANTECEDENT CAUSES	C0143
4	_	(B) DISEASES OR CONDITIONS, IF ANY, GIVING	
	TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST	
HA,	CAT	(G)	ма.
THE BUR	IL.	II CONTRIGUENCE CONTRIGUENCE	
12	RT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1	CE	IF OPERATION WAS RELATED TO 194 DATE OF OPERATION 1	198 CONDITION FOR WHICH OPERATION 20 AUTOPSY7
2	Z	CAUSE OF DEATH, ENTER HE PART LOR PART I OF PART I DE L'ANDRE (Morth) (Day) (Year (Hear) 215 INJURY OCCURR	NO L
BE	2	OF INJURY WHILE AT NOT WHI	ILE TO THE TOTAL THE TOTAL TO T
ST		22 I certify that (1). (this hospital) attended the decea	
MIC		. 6 6 1957 that (I) (we) last saw t	he deceased alive on \$/3/1957.
W M			and on the date stated above
		John Staints M.D.	122 D. Sharp 8/9/57
LIFIC		ATTENDING PRYS. MED DIRECTOR STAFF PHYS	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)
ery ER7	TI	ON, REMOVAL (SM cify) 8/13/57 mt Calva	ry Q. Q. Co. Myd
S CE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 32.2.
H	17	101957 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Three Kat. Kladlidane delander

SECENTED AS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08174	0	8	1	7	4
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08145

Reg. Dist. No......

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	ED
COUNTY Anne Arundel		Monarle	nd county Prin	no linomene
CITY (Il outside corporete fimits, write RURAL	I LENGTH OF STAY	CITY (If outside corpora	ta limits, write RURAL and give no	ce reorges
OR and give neerest town)	(in this place)	OR .		*
Aunaports	16 weeks	STREET	nsburg, Md.	<u> </u>
HOSPITAL OR Homewood Conval	escent nome	ADDRESS	-51st Street	,
STREET ADDRESS 1312 West Stree				
3. NAME OF (First) DECEASED FANNIE WHEE	(Middle) LER HAMM	OND	4. DATE (Month) OF DEATH AUGUS	t 11th, 57
Female White (Specify) W1	IVORCED.	of BIRTH 9 27th, 1871	AGE last birthdey IF UND Months Yrs.	ER I YEAR IF UNDER 24 HRS Deys Hours Min
10e, USUAL OCCUPATION (Give fund of work 10b. Ki	ND OF BUSINESS	11. BIRTHPLACE (State or foreign	7	12 CITIZEN OF WHAT
done during most of working fife, evan if	R INDUSTRY			COUNTRY? USA
13. FATHER'S NAME	home	Adamstown, M		USA
		Mary E. H		
Wellington Hammond	C COCCI SECURITY NO	17. INFORMANT & AD	Ψ	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ao, or unk.) (If Yes, pive wer or detes of service) NONE	6. SOCIAL SECURITY NO		n H. Shreve	
No None	None	Metringco	n n. onreve	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION 4105-	-OTSC OC.DIE	ONSET AND DEATH
I/O / A IMMEDIATE CAUSE (A)	EINCHOP	TEUMONIA	.	48 Hours
47/1		· ·		
DISEASES OR CONDITIONS, IF ANY, (B)	ENECAL D	EBILITATION	2/	31705
STATING UNDERLYING CAUSE LAST. DUE TO	ENLL ITI			
TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- e is ity			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Homor Contributing Cause of Death of Injury street, life Either, Notify Medical Examiner)	office bldg., atc.)	21c. WHERE DID INJURY OCCUR?		unity) (State)
WH	. INJURY OCCURRED tile Not while work et work	214. HOW DID INJURY OCCUR?	,	
22. I hereby certify, that I attended the dece	assed from (a/2)	5 19:57 to	9/1/ 10-57 that	Liest saw the deceased
		1.7.20PM, from the ca		
alive on	And death occurred a	ADDRI	ESS (Straet, city, town, state)	DATE SIGNED
Bankary 10	Sent M.D. 4	1 Swithouth A	UF ANNARY	CAID 8/11/50
23. BURIAL CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF		LOCATION (City, town, or coun	(Stera)
Burial 8/14/1957	Mt_Olivet		Frederick, M	
24. REC'D BY REGISTRAR REGISTRADS SIGNATUR	of B	25. FUNERAL DIRECTOR'S SI		ADDRESS
1.111C 1 Example 1/6. 1/4		w.w.cnamber	s Co. Riverd	ale. wa.

16 PHYSICIAN OR HOSPITAL: The law requires that the death certificate be NSTRUCTIONS

copy may be retained by the hospital or attending physician.

ATTEN The bottom

V5 A15C 1-55 10M --

BUREAU V. S.

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VS A15ME(5) 5M 9/55

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08196

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08175/

Reg.	Diet	Na
NEG.	WHITE .	1440

1	1. PLACE OF DEATH G. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Same b. COUNTME
	b. C.TY OR TOWN (If outside corporate limits, write \$U\$AL LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Severna Park Few seconds	Same × 2
i	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
,a	Old Annapolis Road	203 Old Annapolis Rd. VES NO NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type of print) Frederick Gustave Henkel, IV	DEATH August 12th. 19 57
	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED X 8	final heath do. 3
	M. WIDOWED DIVORCED	8/ 1/25/43 14 yo. months 2015 months
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
-]]	Attending school	Baltimore, Md. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frederick Gustave Henkel	Martha McGlannan
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes, give wor or dotes of service)	IFORMANT Address
2	No None M	rs. F.G. Henkel (mother)
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	C INTERVAL BETWEEN ONSET AND DEATH
		and chest. Fratures of bothe arms, Sudden
1	8/2 X DUE TO	
4	Conditions, if any, which (b)	
	(o), stoting the underlying DUE TO	
	couse last. (c)	
0	PART II. OTHER S.GNIFICANT CONDIT ONS CONTR BUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	OT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO X
	206. EXTERNAL CAUSE WAS PRIMARY (2) or CONTRIBUTING (2)	nter noture of injury in Port I or Port II of item 18.]
	CAUSE OF DEATH. Was hit by anautomol	bile and thrown in the path of a truck.
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLAC	E OF INJURY (Home, form, 120f (City or town) (County) (State)
	O Hour on	Annapolis Rd. Severna Park, A.A. Md.
	7,00	ve, held an Autopsy , Inspection , Inquiry , and find that
	death resulted from. Natural causes, Accident X, Suice	
		, nomede [], onderenmes cose [].
	SIGNATURE Terstone Atauherluf	CHIEF MEDICAL EXAMINER
ř.	Sterilar	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) Gustave H. Faubert, M.D.	DEPUTY MEDICAL EXAMINER \$ 8/12/57
	220 BUR AL, CREMATION, 226, DATE THEREOF 22c, NAME OF CEMETERY OR	CREMATORY 22d LOCATION [City, lown, or county] (Stote)
	Purial 8/14/57 New Cathedra	Baltimore Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTIAN'S SIGNATURE
	H. W. In ace a son - 835 M. Privet	-0. 1416 14 1951 Z 4 Dealla
		78

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08176

GERTINION	Reg. Dist. No.
PLACE OF DEATH a. COUNTY A /	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE b COUNTY
Anne Arunde) MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give rearest town) ide	XO Shady Side
d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e 15 RESIDENCE
OR INSTITUTION Private home	ON A FARM? YES NO N
NAME OF First • Middle	Last 4. DATE Month Day Year
(Type or print)	DEATH 3/ AUGUSTION
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (in years 1 F UNDER 1 YEAR IF UNDER 24 HRS
WIDOWED TO DIVORCED	10 A/ Hours Hours Min
On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired)	Sikt II BIKINFLACE (State of foreign country)
#uvse wife	MARYSAND USIT
3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward & foul ton	CLIZABOTA WILLIAMS
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, on, or unknown) [11 yes, give you or dates of service)	INFORMANT Address
It yet, give war or octobe to between	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) MICHINECAL	raid saujo
DUE TO	. 1.0
Conditions, if any, which gave rise to immediate	v Housers saays
code (a), stating the under DUE TO	11 0 P 2 P
lying couse last. (c) Crebral	Nascular accident 3 Who
PART II. OTHER DIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER DIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NOV
	ED. (Enter nature of injury in Port I ar Port II af item 18.)
Describe How Injury Occurre Or Contribution Course of Death Ulifeither, Notify Medical Examiner;	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State
Hour o.m. 10 While Not while 10	octory, street, office bldg., etc.)
p. m. IY of work at work	
21. I certify that I attended the deceased from I - le	
alive on 31 Cugust, 1957, and that death	h occurred at 4:15_AM, from the causes and on the date stated above
1 1 1	ADDRESS (Street, pity or lowp, stote) DATE SIGN
SIGNATURE 1 A T LUCIUSAS	40 March Stole March 8-3
1 1 1	
PHYSICIAN'S NAME (Type) - , HENCYICES	Shadu Side Maryland
20. BURIAL, CREMATION, 226 DATE THEREOF 22C NAME OF CEMETERY O	
REMOVAL (Specify) 9-2-57	OR CREMATORY 22d. LOCATION (City, fown of county) (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	VIIII MUST UMIT THERE
3. FUNERAL DIRECTOR'S SIGNATURE	246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
111 - 11/1/1/1/ 1/2/1/1/ - 1	OATESEP 4 '57 800

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERA THE STATE AND STATE THE STATE YS A15 (4) 15M 9/55

the fundral directory should be filled with

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CERTIFICATE OF DEATH 08198 Reg. Dist. No director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY Annie Arundel **b.** COUNTY Marvland Annie Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town]
Glenburn16 Life Brookland, A. A. Co. Maryland d. NAME OF HOSPITAL (If not in hospital give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARMS 6205 Flamingo Drive 6205 Flamingo Drive YES NO PA NAME OF Middle 4. DATE First Month Year Day TEST DI 1957 (Type or print) James E. DEATH August Howard 5 SEX 6. COLOR OR RACE 7. MARRIED 17 NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH Months Davs Male Colored Hours January 13,1905 death. DIVORCED [WIDOWED [YPS. 10d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Industrial Plant Inspector Maryland: Annie Arundel Cd. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solam Howard Ida Howard 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Ida Mounté Same 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN Ent Track ONȘET AND DEATH PART I. DEATH WAS CAUSED BY: 3140 IMMEDIATE CAUSE (0) DUE TO permit. Conditions, If ony, which gove rise to immediate DUE TO catte (a), stating the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 🗵 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY IHome, form, 20f. (City or lown) 20c. TIME OF INJURY Manth. 26d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) o. m. Not while ot work C of work p. m. Muy 1952, to Curs 13, 1952, that I last saw the deceased 21. I certify that I attended the deceased fram. and that depth accurred at ALM M, from the causes and an the date stated above. ACTUAL PHYSICIAN NAME (Type 270 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Aug. 16, 1957 Mount Calvary Cemetery Brookland Maryland 0 ADDRESS ... 23 FLINERAL DIRECTOR'S SIGNATURE SECT BY SECILIFIED 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S. V. UNIERU V. S. 1.5 20 . 11. " menne of Wife Stations She

TO DIBUTY MIDICAE EXAMINER: This merificate should be emmuted within 24 havrs after death. If any deliter mecassary, please execute the perificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral plan. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your 10. Page 4 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremption. 0

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08199 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08178 1/2

	PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deceased lived.	If Institutions Reside	nce before odmission)			
	Anat arundel MARYLAND				faryland b. county arundol						
				c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II			give nearest town)			
	Glenten			2 years	Odenton	Х					
	d. NAME OF HOSPIT	AL OR INSTITUTION	If not in ho	spital, give street address)	d. STREET ADDRESS	1		e. IS RES DENCE			
L	Patuxan	t Road			Patuxan	t Road		YES NO			
3.	NAME OF DECEASED	Fie	al l	Middle	Last	4. DATE	Month	Day Year			
	(Type or print)	EVA		JAME JAM	UARY	OF DEATH	August	20. 19 57			
5.	SEX	6. COLOR OR RACE	7 MARRI	IED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE	n years IF UNDER	TYEAR IF UNDER 24 HRS.			
	Female	White	WIDOWE	DIVORCED	Sert. 17.	1928 28	yrs. Months	Days Hours Min.			
10c	s. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)			KIND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (Slote	or foreign country)	12 CITI	ZEN OF WHAT COUNTRY?			
	dousewor.			Own Home	West Virginia			US.A.			
13.	FATHER'S NAME		1		14. MOTHER'S MAIDEN N	<u> </u>					
	(ur'rown) Hall Unknown										
15	WAS DECEASED EVI	ER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address				
1	no	In Art five was or pages es		unknown 13	r. John M.	January	Same	AS #2			
	18. CAUSE OF DEAT	TH [Enter only one cou						I INTERVAL BETWEEN			
	PART I. DEAT	H WAS CAUSED BY	Wave	acture of Skull	due to colf	inFidetod	a commo	ONSET AND DEATH			
	. ,	DUE TO	<u> </u>	TOUTE OF DEATT	and to cell	- number of contrasts	WOLLAND				
	Conditions, if any, which) to a 22 gauge rifle.										
	gove rise to immed		Sudden								
	(a), storing the underlying OUE TO										
Z	PART II, OTH			ONTR BUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDI	TION GIVEN IN PART	T(o) 19, WAS AUTOPSY			
ATIC			_					PERFORMED?			
CERTIFICATION	200 EXTERNAL CAL	SE WAS _ 20	b DESCR'S	E HOW INJURY OCCURRED. (E	ter nature of injury in Par	t I ar Part II of item 1	B.)				
CER	PRIMARY TE OF CON	AIKIROTING L			е						
SAL	Shot herself on the forhead with a 22 gauge rifle 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City of fewil) (County) (State)										
E WE	Hour o. m. While Not white factory, street, office bidg., etc.)										
*J											
	death resulted from: Natural causes , Accident , Suicide Maricide , Undetermined cause .										
	ACTUAL US A VERICAL DE LA VERICA STORES DATE SIGNED										
	SIGNATURE CHIEF MEDICAL EXAMINER .										
	ASSISTANT MEDICAL EXAMINER										
220	NAME (Type) Gustave H. Faubert M.D. BURIAL CREMATION. 22th. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stole)										
-	REMOVAL (Specify)	1, 1,	E'D			22d LOCATION (Cit		(State)			
-	FUNERAL DIRECTOR	Aug. 24	,2/	Wallah Chape	Cemeirny	Anne Art	indel 1	laryland			
	7 /		//	11/2 7		Professive 5 2	Ju. KEUISTKARS SIG	NATURE 3			
di .	1 1 31	ers All Mr	1 5	110000 1. 1111	DATE		1 V N DMA	- Decking			

OBALTOE

BUREAU V. S.

		08146 CERTIFICATE OF DEATH	Reg. Dist. No. 179
director.		PLACE OF DEATH O COUNTY MARYLAND 2. USUAL RESIDENCE (Where decapted lively, If institution of the country of	1TY (1, ()
er death	L	RUBAL and give necrest town of the state of	RUMAL and give nearest town)
de su	L	or INSTITUTION	S RESIDENCE ON A FARM? YES NO D
ithin 24 ha ly filled in Pages 1 au		(Type or print) Saby SENVINGS DEATH	Septiment of Septi
3 4 / - \	5.7		ors IF UNDER 1 YEAR IF UNDER 24 HRS Y) Months Days Heurs Min.
and comple on papers. or death.	100	during most for werking the given if refired)	C CITIZEN OF WHAT COMMITTEE
sicion a re carba		FATHER'S MAKE DE DANINGS 14 MOPHET'S MAIDEN NAME	rseev
ing phy e remov 72 hou	IS.	WAS DECEASED EVER IN B. S. ARMED FORCES? 16. SOCIAL BECURITY NO 17 INFORMANT (1) (If yes, eight yor or dates of service)	- Sules mode
attending pleas		18. CAUSE OF DEATH [Enter only one cause per line to (a). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
that the by the til. The ny even		Canditions, if any, which) (b)	
m. signed signed iit perm		gove rise to immediate carse (a), stating the under lying cause last.	
he law r physicic nas been rial-trans naval, a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	GIVEN IN PART I(a) 1P WAS AUTOPSY PERFORMED? YES NO
ending ficate h the bu	1 .	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18.)	
PHYSIC ol ar all this certi ir use as emation	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Not Not Not Not Not Not Not white Not white of work at work 19 Not work 19 Not	(Caunty) (State)
NDING e haspid : After ched fo		21. I certify that I attended the deceased from 9 1, 19, to 5 9 1 19 alive on 9 1 2 M, from the cause	that I last saw the deceaseds and on the date stated above
PR ATTE		ACTUAL SIGNATURE ADDRESS Sorrest, city or low	
SPITAL Con retain 3 sh gistror pr		PHYSICIAN'S A.T. ALLEY Cerrypoly	an/
HO FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN	22	BURIAL CREMATION, 270 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 1721 GOATION (City, low REMOVAL (Specify) 3-11-57 CAPPINGES 11/2000	d Buy md
VS A15 (4) 15M 9/S5	7	FUNERAL DIRECTOR'S SIGNATURED ADDRESS ADDRESS ADDRESS DATE G 22 195 P. REC'O BY REC'STRAR 240. RE DATE G 22 195 P.	CHISTRAR'S SIGNATURE &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU K. A.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08200 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY o. STATE **b.** COUNTY Anne Arundel mashington MARYLAND c. LENGTH OF STAY-IN 16 b. CITY OR TOWN (If outside corporate limits, write .c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Crownsville yr,2 mos,26 ds Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 157 N. Jonathan Street Crownsville State Hospital, Md YES NO T NAME OF 4. DATE Middle Year DECEASED 8 (Type or print) Crawlev Jones DEATH 19 57 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lasi birthday) Months Days Hours 1882 ? Male Negro DIVORCED | WIDOWED T papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Virginia puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown Nospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema IMMEDIATE CAUSE (o) hour 430.0 **DUE TO** Conditions, if ony, which Arteriosclerotic Heart Disease 8 months been signed gove rise to immediate Pe **DUE TO** coute (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. rs. Not while at work

FUNERA pode

death. Page

August

21. certify that I attended the deceased from.

Conwell Newton, M. D.

(State)

ACTUAL SIGNATURE

270. BURIAL, CREMATION, 226. DATE THEREOF

Crownsville. Md.

and that death occurred at 4:05a M, from the couses and on the date stated above.

19 56 10 August 6

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(Stole)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

PHYSICIAN'S

NAME (Type)

ADDRESS

240. REC'D BY REGISTRAR

THE REGISTRAR'S SIGNATURE

___ 19_57 that Flast sow the deceased

DATE

15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUKEAU Y. S.

BUREAU V. L.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH .08242cremotion Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE Maryland b. COUNTY A.A. Anne Arundel MARYLAND b. CITY OR TOWN It owinds corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest fown) P.O.Pasadena 12 hrs d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street oddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Boulevard Park In the Bath House YES NO P 3. NAME OF Middle DATE Month Year Phillip DECEASED (Type or print) DEATH /13 PARMINE W. Kurth 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. In 3 in the by Burthday) 11/5/84 Months Hours WIDOWED DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Pvt Club Baltimore Md. pup Watchman 8 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Casper Kurth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. P.W.Kurth (wife) 212-10-9186 same as 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN Sudden PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary Occlusion olang with for burial-transit **DUE TO** Conditions, if any, which gove rise to immediate couse DUE TO (c), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 0 PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port It of item 18.) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc. Not while Hour o. m. While of work at work p. m. 21. 1 certify that I taak charge of the remains described above, held an Autopsy [], Inspection **[], the Chief / death resulted fram: Natural causes [X] Accident . Suicide ... Hamicide ... Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER 8/15/57 NAME (Type)Gustave H. Faubert.M.D. DEPUTY MEDICAL EXAMINERAL 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 27d. LOCATION (City, lawn, or county) (Stole) 0 Aug 16.57 Glen Haven Cemetery Glen Burnie, wd. ADDRESS 23. FUNERAL D RECTOR'S SUCNATURE 240. REC'D BY REGISTRAR 245-REGISTRARIS SIGNATURE VS. A15ME(5) Glen Burnie, wd.

5M 9/55



106 16 195V

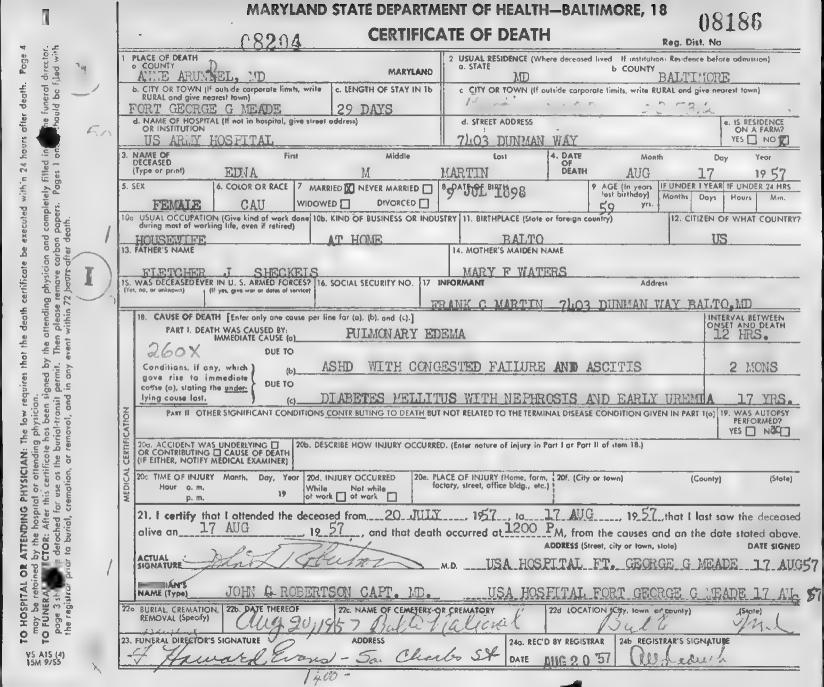
DE VIEW

0.8185 -08203CERTIFICATE OF DEATH IN PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ALC: UNKNOWN Maryland Anne Arundel Anne Arundel Cral De f b. CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town] Glen Burnie Glen Burnie d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NOTE Oak Lane. Oak Lane NAME OF First 4. DATE Middle Day Year OF DECEASED 1957 (Type or print) MARSHAT. TAKE August CHARTES 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH Months Days Moure Min DIVORCED T WIDOWED [7] lal e YES. papers. 100 JSJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Realtor Self-Employed Warshal 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Florence 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117 INFORMANT Address (Yes, no. or unknown) no ilirs. Same INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY min. Acute Coronary Occlusion MMEDIATE CAUSE (6) **DUE TO** Cardio-Vascular Disease VIS. Conditions, if ony, which gave rise to immediate DUE TO cotise (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (Stote) Doy, Year (County) factory, street, office bldg., etc.) Not while Hour o. m. While of work all work p. m. _____, 19 47, to Aug. 1. 19 57, that I last saw the deceased March 21. I certify that I attended the deceased fram.___ ____, and that death occurred at 1:50 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S 108 Central Ave., Glen Burnie NAME (Type) 226 DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) FUN Hill Cemetery 240 REGISTRATE 24. REGISTRATE SIGNATURE 23 FUNDRAC BIRECTOR'S SIGNATURE **ADDRESS** VS A15 (4) 15M 9/55 Glen Burnie

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEINED DE



TENN A' &

TREE C. E.

RECEIVED

5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, withing the vording pending in pendin item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file TO FUNE: TO FUNE
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	MARYLAND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18 0.8	187
08205	MEDICAL EX	AMINER'S C	ERTIFICATE	OF DEATH	00	10
6.000					Reg, Dist, No.	27

08187

	PLACE OF DEATH					2. USUAL RESIDENCE (\	Where duced			pefore admission)	
	anne Arunde	1		MARYL	o STATE San	ne	b. COUNT	Y			
k	o. CITY OR TOWN [1 c and give negrest town]	outside corporate limits, with	RURAL	c. LENGTH OF STAY II	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Odenton			2 years		Same	g/ 4				
1 '	I. NAME OF HOSPITA	L OS INSTITUTION (f nat in ho	spitat, give street address)	1	d. STREET ADDRESS	1			on a FARM?	
_	207 Monter					Same				YES NO	
	NAME OF DECEASED	Fin		Middle		lost	4. DATE OF	Mont		y Year	
	(Type or print)	HAROL	D	М.		MCNAMARA	DEATH	Augus	t 6	19 57	
S. S	SEX	6 COLOR OR RACE	7. MARRI	ED NEVER MARRIED	(X) 8.	DATE OF BIRTH		9 AGE (In years lost birthday)	IFUNDER TYEA		
	Wale e	White	WIDOWE		- 14	pril 3, 190	5	52 yn.	Months Days	Hours Min.	
100	USUAL OCCUPATIO	N (Give kind of work a	done 10b. I	KIND OF BUSINESS OR II	NDUST	11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?	
	Profession			- mari		York, Per			U	SA	
\vdash	FATHER'S NAME					14. MOTHER'S MAIDEN			.,		
	Thomas	Mc Namara				Halen O	Brier	1			
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Addrept	0//	- 6	
11101		World War			Mr	s. Dennis D	ell (8	sister)	Clanton	u 1270	
	,	H Enter only one cau	• •	for (a), (b), and (c).					IN.	TERVAL BYTWEEN	
	PART I. DEATI	H WAS CAUSED BY:	C	oronary Thro	ombo	sis			OF	3 hours	
	11201	DUE TO									
	Conditions, if on	a caldata V									
	gave rise to immedi	iate cause				•					
	(o), stoting the u										
_	couse last.) (c)	DIZIONE C	ONITRIBILITING TO DEATH	DUIT N	OT BUILDING TO THE TERM	AN 14 A COLC / A	CF CONDITION CD	(CALIBA DA SV. II.)	TO INVESTIGATION	
CERTIFICATION	PAXI JI OINI	EK SIGNIFICANT CON	DITIONS C	DNIKBOUNG TO DEATH	BUIN	OT RELATED TO THE TERM	IINAFDIŽEM	25 COMP HOW BY	TEN IN PART 1(0)	PERFORMED?	
E.	20a EXTERNAL CAUS	SE WAS 20	b. DESCR.B	E HOW INJURY OCCURE	ED. (E	nter nature of injury in Pai	rt For Part I	of item 18.1		110 [2]	
	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING 🗆						,			
Ş	20c. TIME OF INJUR	Y Month, Day, Yes				E OF INJURY (Home, formary, street, affice bidg., etc.		ry or lown)	(County)	(State)	
MEDICAL	Hour o. m. p. m.	19	Whit of we	e Nat while ork of work	Idele	ly, sitest, unice blogs, esc					
	21. I certify th	at I took ch <mark>orge</mark>	of the	remains described	abo	ve, held on Autops	у 🔲, 🗆	Inspection 📆	. Inquiry [ond find that	
	death resulted from: Notural couses 📆, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined couse 🔲.										
	DATE SIGNED										
	SIGNATURE	ceraw	14-1	duter.	ine	MD, CHIEF MEDICALE	-		A company	4	
	EXAMINER'S					ASSISTANT MEDIC	AL EXAMIN	ER	August	6, 1957	
	NAME (Type) GU	stave H. F				DEPUTY MEDICAL		AA.			
7	PIRIAL CREMATION	7 8/9 S	7	THE NAME OF CENTER	SY OR	CREMATORY	18 Cl	MINUT	or caulty)	02 (Spie) (
23.	FUNERAL OTRECTOR'S	RIGNATURE /	18/10	ADDRESS /	10	1240 REC DATE 6	D BY REGIS	_ Will	MARY SIGNA	URE SH	
	9//4//	1 / VUT	YINU	1001	1.	TO A DAIL O	an U.S.	AA TIOTA	E.H. Downs	- It-Capt May	

AUG IS 1957
AUG IS 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08188 **CERTIFICATE OF DEATH** 08149 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY anno arumbel MARYLAND Marylam' Anne Arundel erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give rearest town) 9 RURAL and give nearest town) oyld Amabolis 40 min Annapolis d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs U.S. Maval Hospital YES | NO I 1102 Dream's Landing NAME OF Middle Lost 4. DATE Day Year DECEASED OF DEATH (Type or print) Joan Ann LODE Au rus t 1957 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years last birthday) 5. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Davs Hours Africa DIVORCED [Female WIDOWED [7] Caucasian August 1957 papers. yrs. Too. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond U.S. Marvland carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 智 Paul Joseph MODE Clair A. BROWSKE remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address No U.S. Naval Hospital. Annapolis, inriland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ፌ PART I, DEATH WAS CAUSED BY: Prematurity 40 min IMMEDIATE CAUSE (o) **DUE TO** Imma turity Conditions, if any, which ľЫ gave rise to immediate **DUE TO** cause (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES TO NO! 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg, etc.] Hour a. n. Not while at work at work 21. I certify that I attended the deceased from 21 Augus t 21 August 19 57 that I last saw the deceased Augus t that death occurred at 7:35A. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL U.S. Naval Lospital, Anrapolis, d. 8-21-57 SIGNATUR PHYSICIAN'S Richard D. SHIEHAN Licutement, redical Corps, U.S. 22b. DATE THEREOF BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d AOCATION (City, fawn, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE A PRICIESTANTESIGNATURE 24a. REC'D-BT REGISTRAR

S 'A DV. L.

MECEUVED.

	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 1	08189
	(8206 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
W/K	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institute of STATE b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		URAL and give nearest town)
	Crownsyille. Md.	Baltimore 3	731 4
11	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Crownsville State	d street address Unknown	e is residence on a farm? Yes \(\) no \(\)
	3. NAME OF First Middle	Last 4. DATE Mar	ith Day Year
	OFCEASED (Type or print) Robert Lee M	oreland DEATH 8	27 19 57
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		IF UNDER I YEAR IF UNDER 24 HRS.
	Male Negro WIDOWED Sep DIVORCED	6-13-1889 lost birthdoy]	Months Days Hours Min.
	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN		12. CITIZEN OF WHAT COUNTR
\prec	during most of warking life, even if retired) Unknown	Ohio	U.S.A.
I	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	O a D a A a
-/	Thomas Moreland	Jane Moreland	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7 INFORMANT Add	ress
,	(Yes, no, or unknown) (If yes, give war ar dates of service)	Handan Danada Comme	tii - Ma
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	Hospital Records Crownsy	
	DADTA DEATH WAS CAUSED BY	With a mile in the	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) CONGESTIV	e Heart Failure	
	420.0 DUE TO		
	Conditions, if any, which gove rise to immediate (b) Arterioscl	erotic Heart Disease	
	cause (a), stoting the under-		
	lying couse last. (c)		
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Mr. of	Arteriosclerotic Brain Syndrome -		YES NO 🔀
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Part I or Part II of item 18.)	
		PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bidg., etc.)	(County) {Stote
	Hour o. js. p. m. 19 While Nat while of work at wark	and the arrest arrest product area.	4
	21. I certify that Vettended the deceased from. 6-13-5	7, 19, to8-27, 1957	that I last saw the doces
		ath occurred at 9:10_8_M, from the causes	
	1919	ADDRESS (Street, city or town,	
	SIGNATURE TOURNETHERS TO SIGNATURE	MoCrownsville. Maryland	Ø_00_E0
1	SIGNATURE	- M.O TATTOWNE VICTOR DESTYLENCE.	
	PHYSICIAN'S NAME (Type) - Lionel Michenry Mapp's H. D.		
	220. BUR.AL, CREMATION, 226. DATE THEREOF 22G. NAME OF CEMETER	Y OR CREMATORY Z2d LOCATION (City, town,	
	REMOVAL (Specify)	t: 14. 11 (1. 12.) th	or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D SY REGISTRAR 24b. REGI	SFRÀR'S SIGNATURE
	The strike I will specifical	Grania Ware 8/3/57 3.	m (L
	The control of the state of	21 Profese (11 mais (1) 26 13 / 1/1.	III. Agusel
		1 /	/ // XJ



1	/		MARYLAND STATE DEPARTMENT OF HEALTH—B	ALTIMORE, 18
	h	Ł	08150 CERTIFICATE OF DEATH	08190
director	Y	1.	PLACE OF DEATH C. COUNTY C. MARYLAND 2 USUAL RESIDENCE (Where dec. o STATE PAIC).	cosed lived If institution; Residence before admission) b COUNTY
tould be f			D. CIPY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN Ib COLTY OR TOWN (If outside a grant of the color	corporate limits write RURAL and give market town A
	1 3		Cl. C. Teneral Usmaj	balis Md. ON A FARM? YES NO []
es l o		1	NAME OF DECEASED Type or print) TO 14 N Middle MURCHAKE DECEASED TO 14 N MIDDLE TO 14 N MIDLE TO 14 N MIDDLE TO 14 N MIDLE TO 14 N MIDL	ATH S Day Year 29 1957
٠ <u>٣</u>		5.	Male White WIDOWED DIVORCED 7 7 189	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
oon pope r death.	1)	Z	SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 SHEEPLACE (Stole or fore during most of working life, even if retired) White the second of the control of the	of Conn 2 S.A.
rs ofte			Micheel Murchake Wicho	wa -
72 hou	*	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MO. or unknown) It yes, give wor or dotes of service)	unchabe (2)
pleas within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY THROW BOSIS	INTERVAL BETWEEN
Then			420./ DUE TO	121115
in any			Conditions, if any, which gove rise to immediate couse (a), stating the under DUE TO	
ond .		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	
ПОУОШ	F 1	FICATIO	DIABETES MELLITUS	PERFORMED YES NO
, or re		L CERT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r Port II of item 18.)
emotion		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while foctory, street, office bldg., etc.) P. m. 19 to work of work of work of the street of work of the street of t	[City or town] (County) (Stote)
iol, c			21. I certify that I attended the deceased from MAY, 1855 to 2,91	715-, 1957, that I last saw the deceased
or to bur				from the causes and an the date stated above S (Street, city or town, state) DATE SIGNED
ror pri	/		PHYSICIAN'S EDWARD S. BECK	**************************************
page 4 si he regist		220		OCATION (City, town, or county) (Sigte)
		7	FUNIRAL DIRECTOR'S SIGNATURE DODRESS 240. REC'DEY RE	GISTRÁR PLAS REGISTRÁR Y SIGNAPURE
(4) 55	9		for M. Tay Kr & vous Chungation 100. DATE 13/	3/1 - 0,000
			•	- 4

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DECENALLY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Page 4 should be cremotiar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission o. COUNTY Arme Arundel o. STATE **b.** COUNTY MARYLAND burial, b. CITY OR TOWN (If autside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give rearry laws) adena Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE Dellichaven Beach 3 %5 Quirry Avenue YES NO NAME OF Pirst Middle DATE Month Year funeral DECEASED OF DEATH 195 FANCIS MIRK JHA IFS Lucust (Type or print) for 5. SEX 6. COLOR OR RACE 7. MARRIED # MEYER MARRIED [] 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with th 1015 " alle Whi te Months Davis Min. WIDOWED | DIVORCED W Iune 8 1929 m 100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup pe puo Truck Driver Consolidated Del Baltimore U.S.A may 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME podes Pages Lawrence P. Murk 10 MELVIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216-05-1164 Mrs. Nellie M. Murk 3845 Quarry Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Drowning IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which pove rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 8 PERFORMED? 0 NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Port II of Item 18.) CAUSE OF DEATH. Drowned WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED _ 20o. PLACE OF INJURY (Hame, farm, 120f. (City or town) (County) (Slale) factory, street, office bldg., etc.) While Not while. DUL KACHE Aur. 26 1957 314. Anne Gran 'll of work of work riting the 21. I certify that I took charge of the remains described above, held on Autopsy [...], Inspection [47], Inquiry [47], and find that death resulted from: Natural causes , Accident K, Suicide . Homicide , Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER IN SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL CREMATION 1226, DATE THEREOF 22c. NAMETOF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) 0 ADDRESS 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSME(S) SM 9/55

necessary, please

DEPLIT



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08192

		08208	CERTIFIC	ATE OF DEATH	-	Reg. Dist.	No.
	PLACE OF DEATH COUNTY	Anne Arundal	MARYLAND	2. USUAL RESIDENCE (WE o STATE Md.	nere deceased lived. If n b. CO		before admission) te City
4	RURAL and give in	If outside corporate limits, write earest lown! Md.	5y,4m,11d		outside corporate limits, v	vrite RURAL and giv	re nearest town)
ь.	d name of hospi or institution CTOWN	TAL (If not in hospital, give stre SVILLE State H	et address) ospital, Md.	d STREET ADDRESS	W Mount St.		IS RESIDENCE ON A FARM? YES NO 22
	3 NAME OF DECEASED (Type or print)	Reland	Middle Harry	Nash	4. DATE OF DEATH	Month 8	30 Yeor 1957
	5. SEX	colored WIDO	ARRIED NEVER MARRIED S		398 ? P AGE (In low birth	years IF UNDER 1 yrs. Months D	YEAR IF UNDER 24 HRS
1	odd j	ON (Give kind of work done 16 king life, even if retired)	b. KIND OF BUSINESS OR INDS	Balto.			EN OF WHAT COUNTRY?
)	13. FATHER'S NAME Henry	- Nash		14. MOTHER'S MAIDEN N	Hughes		
PS _L		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6 SOCIAL SECURITY NO. 17.	Records of (Crownsville	Address State Hos	spital
2	Conditions, if a gove rise to i couse (o), stoting lying couse lost. PART II. OTI 200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJUR Hour o. pt. p. m. 21. I certify the alive on 8/3 ACTUAL SIGNATURE PHYSICIAN'S	mmediate the under- the under- the under- the under- the under- to the under- the under- to the under- the under- to the under-	S CONTRIBUTING TO DEATH BU THE ESCRIBE HOW INJURY OCCURRED INJURY OCCURRED To Not while of work of work of work and that death	T NOT RELATED TO THE TERMI ED. (Enter noture of injury in I LACE OF INJURY (Home, form sciory, street, office bldg., etc., 1952., ta.Au h accurred at 9.25	Port 1 or Port II of item 1	(Conf.) (Conf.) (Conf.) (Conf.) (Conf.) (Conf.)	(e) 19 WAS AUTOPSY PERFORMED? YES NO (Stote) st saw the deceased date stated above. DATE SIGNED
	220. BURIAL, CREMATIC REMOVAL (Specify) BUTIA	Sept. 4, 195	22c. NAME OF CEMETERY		22d. LOCATION (City, 1	own, or county) Md •	(Stote)
	23. PHINERAL DIRECTOR		ADDRESS OF SAME			REGISTRAR'S SIGN	ATURE?

BUREAU V. &

DECENTIL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3 .V UARRUB

DIAMEDIA

BUREAU V. S.

CECEDALED STATES

22c NAME OF CEMETERY OR CREMATORY

ADDRESS A

St. Mary's Cemeterv

Paul F. Guerin, M.D.

VS. A15ME(5) SM 9755

0

SIGNATU

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

Burial

220 BURIAL CREMATION, 226, DATE THEREOF

burial,

24b. REGISTRAR'S SIGNATURE

Laurel, Maryland.

22d. LOCATION (City, Igwn, or county)

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

. IS RESIDENCE ON A FARM?

YES NO TO

Year

19

IF UNDER 24 HRS.

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🕱

l, and find that

DATE SIGNED

NO [

(eto12)

Min

57

Day

18

Days

US VIZOENT

BUKEAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BA	LTIMORE, 18 08196
/ ## \	08153 CERTIFICATE OF DEATH	Reg. Dist. No.
(les	1. PLACE OF DEATH 6. COUNTY Anne Arundel MARYLAND 2 USUAL RESIDENCE (Where decea	sed lived If institution Residence before admission) b COUNTANNE Arundel
		porate limits, write RURAL and give nearest town)
15	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS	on a farm? ves \(\) No \(\) \(\) No \(\) \(\) \(\) \(\)
	3. NAME OF DECEASED First Middle Lost 4. DATE OF	Month Day Year
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH	P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the last birthdoy) Manths Doys Hours Min.
T	Male Negro widowed Divorced August 6, 1957 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign during most of working life, even if relired)	yrs I
I	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Louis Landale Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16 to no. or unhanoum) 1 (1) yes, give wer or date of service)	arker Address
.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (ç).]	80 W. Washington Street
ent wit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAOLUE Las Soft III	ONSET AND DEATH
ony ev	Conditions, if any, which age rise to immediate the conditions	
	couse (a), stating the under- lying couse last. (c)	
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part 1 or Part	PERFORMED? YES X NO
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white of twork of two twork of two twork of two twork of two	ity or town) (Caunty) (State)
	21. I certify that I attended the deceased from Market 1, 1957, to Guerral alive an Annual Annual 1957, and that death occurred at 2, 45 MM from 1957 and that death occurred at 2, 45 MM from 1957 and that death occurred at 2, 45 MM from 1957 and that death occurred at 2, 45 MM from 1957 and that death occurred at 2, 45 MM from 1957 and 1957 an	om the causes and on the date stated above
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. 1	PHYSICIAN'S NAME (Type) Dr. R. L. Richardson Clay St., Annapolis, Md.	
		ATION (City, town, or county) (State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGI	ISTRAR 248/REGISTRAR'S SIGNATURE
	Jisaciam Belley 11 - Con High 17 17 Butte (1)	The Min A Merch

BUREAU V. S.

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CERTIFICATE OF DEATH

Reg. Dist. No.

	ioo o decrased
COUNTY /-/, /-/, C.O. MARYLAND	STATE /// COUNTY A/A CO
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town) (in this place)?	CITY (If outside corporate limits, write RURAL end give nearest town) OR
TOWN DRAIF	TOWN DO ALO, WH.
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	/ ADDRESS
	<u> </u>
3. NAME OF (First) (Middle) DECEASED	(lest) 4. DATE (Month) (Dey) (Year)
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retred WATERMAN Scafood	Churchton Md. P.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- LAMES Phipos	SAPAU Chautwa Htus!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? . /16/ SOCIAL SECURITY NO	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	27 1- 101'am Dayle 1111
1/0 2 det 36 881	13 LENATHIPPS / JELIE, MA
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Jan John J.	and Astala
1/43 MWWEDIATE CAUSE (V) - CANTOCK A	Earl 10 was 4 days
ANTECEDENT CAUSE(S) DUE TO	to NP 11
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STATING UNDERLYING CAUSE LAST, DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISFASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
210 ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, Sectory,	YES NO 4
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slein)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yest) (Hour) 21e, INJURY OCCURRED	St. Date an artifer agency
White Not while	2H. HOW DID INJURY OCCUR?
M. et work	
22. I hereby certify that I attended the deceased from.	19.5 H, to 2 lelling, 19.5 2, that I last saw the deceased
SIGNATURES	ADDRESS (Street, stry, town, istete) DATE SIGNED
KMS to anser	hopech Alexander 316 co
23. BURING CREMATION, CHATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State), A
REMOVAL (SPECIFY) 1 20 1000 01 1	CREMATORY (City, town, or county) (Sloto)
DURIAL HATTINI ST. JAM	es Lem / RACUS LANding, Md
24. REGID BY REGISTRAR PEGESTRAR'S/S GNATURE	25. FUNERAL DIRECTOR'S SIGNATURE QUAL ADDRESS
DATE / 6/57 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Berurd Herderty Haleselle and

BULLAU V. S.

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1			MAKTLANI	D STATE DEPART	MENT C	OF HEALTH	1—BALTI	MORE, 1	8	18198
			08211	CERTIFI	CATE C	OF DEATH	4		Reg. Dist. No	27
A director	1.		Arundel outside corporate limits, write	MARYLAN	D 0. ST	w Mexico		b. COUNTY Be:	n Residence beformalillo	ore admission)
deoth.	100	RURAL and give ner	arest town)			TY OR TOWN (IF		limits, write RL	RAL and give ite	grest town)
de fer	F	ort George	L (If not in hospital, give stre	_ 25 hrs 3 mi		Lburquero	ue	<u> </u>	X **	. IS RESIDENCE
5.5	L	OK INSTITUTION	U. S. Army Ho		82	24 Adams	Street,	N.E.		ON A FARM? YES NO K
t ho	3	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mont		ay Year
rin 2	6	(Type or print) SEX	DAVID	LAWRENCE		KLE	DEATH	AUGUST		
d with	3.	Male	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED [WED DIVORCED	- 1	August/		AGE (In years last birthdoy)	Months Days	Hours Min.
Comp poper eath.	10:	. USUAL OCCUPATIO	N (Give kind of work dane 10	b. KIND OF BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (Stole	or foreign count		12 CITIZEN	OF WHAT COUNTRY?
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physicion remove cor 2 hour off	15.		IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 11	'. INFORMAN	Deborah				
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requirent sign as it be ond in		cause (a), stating the lying cause last.	ne under-							
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IAN: ending ficate the by or re		206. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING 206. DI CAUSE OF DEATH AEDICAL EXAMINER]	SCRIBE HOW INJURY OCCU	RED (Enter n	ature of injury in I	ort I or Port II o	of item 18)		
PHYSIC fid or all this certi ar use as cremotion.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. While Not while at work at work at work at work at work.									
After After fall, o		21. I certify the	it I attended the deced	sed from 0300 2	L Aug 1	9.57. 10. 2	2 Aug	19_57.	that I last s	aw the deceased
DAR. J		alive an 4	Aug	57, and that dec	th occurre	to the be	M, fram th	e causes or	d an the do	te stated abave.
RECTY RECTY bas do rior to		ACTUAL SIGNATURE	P. Berg	maria	M.D	SAH, For	t G. G.	Meade,	Md.	22 Aug 57
TAI AVG		PHYSICIANTS B	ERGSTR	IM JOH	HN F	> (LOT	MC		
NEX Segre	220		, 22b. DATE THEREOF	22c. NAME OF CEMETER	OR CREMAT	ORY	22d. LOCATION	(City, toyn, or	county)	(State)
The re		Removal	Aug. 23, 195	7 Parkyiew	Cemet	erv			e. New	
F F	23.	FUNERAL DIRECTOR'S		ADDRESS		24a. REC'E	BY REGISTRAR	245 REGYST	KAR'S SIGNATULE AND ALL	RE /
VS A15 (II) 15M 9/55	L	William Co	ok, inc. 1	217 St. Paul S	treet	DATE 22	2 Aug 5'	Wilbur	H. Downs	dF Capt MSC
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MIREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. **CERTIFICATE OF DEATH** 08154 with PLACE OF BEATH 2 USUAL RESIDENCE (Where discussed lived). If institution, Residence before admission) Filed o. COUNTY b. COUNTY 1-10 8 CITT OR TOWN (If outside corporate)limits, write G LENGTH OF STAY IN 16 TOWN (If possible corporate limits, write RURAL and give nearest town) RVRAL and give nearest town) placys anal in haspitel, give street ofdress) d. NAME OF HOSPITAL d STREET ADDRESS IS RESIDENCE ON A FARM? hours YES | NO [] NAME OF **Eirst AAiddla** DATE DECEASED Year OF (Type or print) DÉATH 195 COVOR OR RACE MARRIED WEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely AGE (In years briffuoy) Months Days Min DIVORCED [WIDOWED FT popers. 100. USUATOCE JPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY death. 11. BIRTHPLACE (Stole on foreign country) 12 CITIZEN OF WHAT COUNTRY? has of working life, even if retired puo 13. EATHER'S NAME MOTHER'S MAIDEN NAME physicion 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address of service1 CAUSE OF DEATH [Enter only one cause per_line for (a), (b), and (c). INTERVAL BETWEEN ᇻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) ALCO! **DUE TO** permit. ony Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? C YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 03 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o. rt. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from "that I last saw the deceased alive on... and that/death occurred مالتماه M, from the causes and on the date stated above. ADDRESS (Street; city or lown, state) DATE SIGNED ACTUAL SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION, 225 DATE THEREOF #9. P. 22 BAME OF CEMETERY OR CREMATORY 22d/TOCATION (City, (Store) REMOVAL Specify 0 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4)

DECENVED.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 08213 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) e. COUNTY o. STATE b. COUNTY MARYLAND Md. b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) QXNOR Ferndale d. NAME OF HOSPITAL (If not ig hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 10 YES NO - 1st Ave South 3. NAME OF 4. DATE First Middle Year DECEASED OF DEATH (Type or print) 19 > IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX COLOR OR RACE MARRIED NEVER MARRIED 8 GATE OF BIRTH P. AGE (In years lost birthday) Months Days Hours Min WIDOWED D DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT DIVG 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08155 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY b. COUNTY MARYLAND Anne Arundel Maryland Anne Arumdel b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 RURAL and give negrest town) Annapolis d NAME OF HOSPITAL (If not in hospital, give stree) address) OR INSTITUTION (Bay Ridge) Annapolis X d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO TH Anne Arundel General Hospital 3/ River Rd 3. NAME OF Middle 4. DATE Month Day DEATH (Type or print) ALBERT RILEY mens t 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B DATE OF BIRTH AGE | n years IF LINDER I YEAR IF UNDER 24 HRS lost birthday) 57 yrs DIVORCED [7] WIDOWED | August 5. 1900 Mala 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? rbon papr during most of working life, even if retired) Virginia USA Equipment Specialist U.S. Gov. ond 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank Rilev physicie May Cash 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Kathleen V. Riley- Wife- Same as # 2 no no none 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ant Disease Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? burial-tr YES NO 🗍 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED /Enter nature of injury in Port I or Port II of item 18. 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or lawn) 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg , etc) Hour a m White Not while of work all work .20. 1957, that I last saw the deceased 21 I certify that I attended the deceased fram. and that death occurred at 6.2. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURE PHYSICIAN'S 63 College Ave. Annapolia, NAME (Type) Frank Shipley AND PER 220. BURIAL CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) REMOVAL [Specify] Cedar Hill Cometery Prince George County BY REGISTRAR 245 REGISTRAR'S SIGNATURE 0 **ADDRESS** 240 REC'D BY REGISTRAR DATE Innapolis Maryland

BRIGEVA N. Zi

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CRITIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where descoted lived If institution Residence before administration) 1. PLACE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where descoted lived If institution Residence before administration) 5. COUNTY 10 COUNTY				MAKIL	WIS ONW	AIE DEPAKIA	VI E	NT OF HEALT	H-RAL	TIMORE, 1	8	000	00
a. COUNTY Anne Arundel MAYLANO COUNTY Anne Arundel C. LENGH OF STAY IN Ib C. CITY OR TOWN (If outside corporate limits, write current town) LOWN 18 OWN 18 outside corporate limits, write current town) C. CITY OR TOWN (II outside corporate limits, write RURAL and give steerest town) C. CITY OR TOWN (II outside corporate limits, write RURAL and give steerest town) C. CITY OR TOWN (II outside corporate limits, write RURAL and give steerest town) C. CITY OR TOWN (II outside corporate limits, write RURAL and give steerest town) C. CITY OR TOWN (II outside corporate limits, write RURAL and give steerest town) C. CITY OR TOWN (II outside corporate limits, write RURAL and give steerest town) C. CITY OR TOWN (II outside corporate limits, write Corporate	11,			0821	4	CERTIFIC	A	TE OF DEAT	Н		Reg. Dist.		032
b. CITY OR TOWN (If outlide carporate limits, write RURAL and give receives fown) RURAL and give normal tempt. Lino Julk Baltimore d. NAME OF NORTHAL (If on in hospitol, give street address) OR INSTITUTION OR IN	n gade	1.	- CALIBRY	Arundel		MARYLAND		O. STATE			on Residence	before odm	(salon)
d. NAME OF HOSPITAL (If not in hospital, give street address) O'RISSTIPLANCE O'RISTURE O'RISTURE O'RISTURE O'RISTURE O'RISTURE O'RISTUR	(163)		b. CITY OR TOWN RURAL and give r	(If outside corporate limit nearest lawn) NDSVIII e				e. CITY OR TOWN (IF	autside carpo	rate limits, write Rt	JRAL and giv	re riscorest to	wn)
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5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in year) If UNDER 74 HBX. Min. Months Days Haurs Min. Day		1	NAME OF DECEASED	Fin	it.	Middle	_11	Lost	4. DATE	Mont	7.44	Day	Year
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Calvin Ross Is. WAS DECEASEDEVER IN U. S. ARMED FORCES? Is. WAS DECEASEDEVER IN U. S. ARMED FORCES? It you, give we're defined of services? It you, give we're defined of services? Hospital Reocrds Crownsville, Maryland Interval retween Onser and Death Was Caused by: Cerebral Thrombosis DUE TO Conditions, if eny, while underly lying course lost. Fart II. OHART SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? Dehydration and Hyperglycemia Co. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? OBACCIDENT WAS UNDERLYING OF CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? OBACCIDENT WAS UNDERLYING OF CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? OBACCIDENT WAS UNDERLYING OF CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO TO THE SIGNIFICANT CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO TO THE SIGNIFICANT CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO TO THE SIGNIFICANT CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES ON TO THE SIGNIFICANT CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES ON TO THE SIGNIFICANT CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES ON THE SIGNIFICANT CAUSE OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR		L	Laundry	ON (Give kind of work or rking life, even if retired)	lone 10b, KIND	OF BUSINESS OR IND	USI	RY 11 BIRTHPLACE (Store	or fareign c		1		AT COUNTRY
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (s) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under lying course lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT PART II. OTHER SIGNI	~	15. (Ye	WAS DECEASED EVI	ER IN U. S. ARMED FORG	CES? 16. SOCIA	L SECURITY NO. 17.			crds			Maryla	and
Conditions, if eny, which gave rise to immediate cause (a), stating the under-lying course last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERF						_	bc	sis				INTERVAL ONSET AN	BETWEEN D DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? Dehydration and Hyperglycemia 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year at work of wor	in day eve		gave rise to i	iny, which) (6)	Arte	rioscleros	i.s	}					
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while Not while of work of twork of two	170	ATION	lying cause last.	HER SIGNIFICANT CON					INAL DISEASI	E CONDITION GIVE	EN IN PART 1	PER	ORMED?
21. I certify that Vattended the deceased from July 7,, 19.57, to August 25,, 19.57, that I last saw the deceased alive on 87.5 12.57 (and that death occurred at 5:10a.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE AUGUST ACTUAL SIGNATURE Crownsville, Maryland 8-26-57		CERTIFIC	20a ACCIDENT W. OR CONTRIBUTING						Part I ar Part	th of item 16.)		YES	™ NO [2]
actual signature August 12.57 Mand that death occurred at 5:10a. M. from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Crownsville, Maryland 8-26-57 M.D. Crownsville, Maryland 8-26-57		MEDICAL	Hour o. n.	RY Month, Day, Yea	While 1	Not while for	COCK	CE OF INJURY (Home, farr ary, street, affice bldg., etc	n, 20f. (City	or town)	(Cor	untyj	(State)
ACTUAL SIGNATURE X CUMUL/TY Wary 1/2/4 M.o. Crownsville, Maryland 8-26-57				hat Vattended the	deceased from 12_57_	om July 7	h e	, 19_57, to_A1 occurred at_5:10s	La.M. from	the causes a	nd on the	date sta	ted above
	1		SIGNATURE	whill/H	Very !	12/h	_M	.o. Crov					
		23.	FUNERAL DIRECTOR	X X - 50	=>7 YL	MM resul	7	8-4 /1 /16 . 240 REC	751	(tto: "	156		1.01
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) . (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE			allen	in ett!	6 X 2 de	elystille	i	CANILL BATE	9/5/3	57 71.	///.	John	L ₂ ,

BILLEAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08204 **CERTIFICATE OF DEATH** 08215 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURA, and give peorest town) asallen d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRÈSS . IS RESIDENCE OR INSTITUTION ON A FARM? ox 4 YES NO P NAME OF Middle DATE Year OF DEATH DECEASED (Type or print) 19. TUAN 9 AGE (I) 6. COLOR OF RACE B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED yeors Jost by hoday) Months Hours DIVORCED WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b HIND OF BUSINESS OR INDUSTRY during most of working life, even of retiled) 12. CITIZEN OF WHAT COUNTRY? pou 14. MOTHER'S MAIDENLIAME 13. FATHER'S NAME 60 듄 TOVE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which] gave rise to immediate DUE TO callse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) [19. WAS AUTOPSY PERFORMED? none YES NO R 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. Not while of work of work 21. I certify that I attended the deceased from 1927, that I last saw the deceased and that death accurred at 2007/2M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify 23. FUNERAL DIRECTORS SIGNATURE /2 ADDRESS REGISTRADE SUGNATURE 24a. REC' V\$ A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0.0820508216 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY b. COUNTY MARYLAND Anne Arundel Maryl and Baltimore City b. CITY OR TOWN III outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give regrest town) RURAL and give nearest fown) A mos-Baltimore City Crownsville. Md. d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Crownsville State Hospital 1127 Pennsylvania Avenue YES NO ROK NAME OF Middle 4. DATE Year DECEASED (Type or print) Lester DEATH Saunders A 19 57 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER TYPAR IF UNDER 24 HRS Months Negro WIDOWED DIVORCED | Male Unknown 562 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)
Unknown

Unknown 12. CITIZEN OF WHAT COUNTRY? Unknown U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital hecords 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cerebro-Vascular Accident (cerebral hemorrhage) CHUX 10 days DUE TO CNS Lues Conditions, if any, which) gave rise to immediate **DUE TO** couse (o), stoting the under-2 years lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES DO NOS 20°C. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. at work of work 21. I certify that I oftended the deceased from January 17, 19 57, to August 17, 19 57, that I last saw the deceased olive on August 17 __, and that death occurred at 12:08aM, from the couses and on the date stated above ADDRESS (Street, city or town, state) Crownsville State Hospital, Md. PHYSICIAN'S NAME (Type) Conwell Newton, M. Crownsville, Md. 22h DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR

SUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08206-08156 **CERTIFICATE OF DEATH** Reg. Dist. No. With 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Filed **b. COUNTY** MARYLAND Arme Arundel Anne Arundel Mary land death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest towns Millersville Annapolis Rural d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospitul Crownsville Post Office NAME OF **First** Middle 4. DATE Yeor Day DECEASED (Type or print) Charles B Smith DEATH August 14 10 AGE (in years lost birthday) 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours DIVORCED [7] White WIDOWEDK November Male YES popers 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA State Hospital Storkeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Insley Charles B. Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Charles O. Smith: Son: Gambrills. Maryland no r.o none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hour IMMEDIATE CAUSE (6) LL SILVER DUE TO teru Disposip Conditions, if any, which] gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Port 1 or Part II of item 18.1 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) Hour foctory, street, office bldg., etc.) a. n. Not while While at work p. m. 1976, to Aug 14, 1957, that I last saw the deceased 21. I cortify that I attended the deceased fram. and that death occurred at 2:25AM, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) Edward Skernitt 220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Baldwin Memorial Cemet. Millersville, Md. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Anhabolis.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. &

	08158 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	1. PLACE OF DEATH o. COUNTY A. A.CO. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before odmission) o. STATE AND b. COUNTY A. A.CO.
W)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
€ 3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ANNE ARUNOEL GENERAL. 3200 Kin berly Road • IS PES DENCE ON A FARM? YES [] NOISE
	3. NAME OF DECEASED (Type or print) CLEO First G. Swith DEATH 8 17 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED Jan 23, 1922 9. AGE (In years left Under 24 HRS. Months Days Hours Min. Days Hours Min.
1)/	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife own home Texas 12. CIT ZEN OF WHAT COUNTRY U.S.A.
	John Fisher 14. MOTHER'S MAIDEN NAME
ر٠	15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes no. or unknown) (If yes, give wor or dores of berrow) (If yes, give wor or dores) (If yes, give wor o
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [ERECTORE - SKOTT - SAW - CORpd. Free for a Noset and Death ONSET AND DEATH
7	Conditions, it any, which to Lower-Extrementes - muffiple - contusions Sudden.
	[0), stating the underlying DUE TO COURSE lost. (c) AND LaceRATIONS.
)	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOW
	20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II of Item 18) Auto. Acc. dend - Rd Z
C2	2 AMONG SINGLES SINGLE
	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [K], Inquiry [], and find the death resulted from: Natural causes [], Accident [7], Suicide [], Homicide [], Undetermined cause [].
G.	ACTUAL SIGNATURE . Auchard M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED
	EXAMINER'S E. LINHARST BEPUTY MEDICAL EXAMINER 5 8-17-57
	Bur al Cremation, 226. Date Thereof 22c. Name of Cemetery or Removal Specify Aug 20, 1957 Arlington National Atlington Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE: 1. Gasch's Sons Hyatts ille Nd. 400 2 2 1957 16.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

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BECENALL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No.

08159 Rea, Dist. No. 2 USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) PLACE OF DEATH. o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III putude corporate limits, write RUSAL c. LENGTH OF STAY IN 16 c. CITT OR JOYA (If outside corporate limits, write RURAL and give nearest town) forwal fewal d. NAME OF HOSSITAL OR MISTITUTION (If not in hospital, give street address) dETREET ADDRESS e. IS RESIDENCE ON A FARM YES NO 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH 19 9 AGE (In years 4-COLOPIOR RACE 7 MARRIED NEVER MARRIED W 8. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. Months Days WIDOWED [7] DIVORCED [10g. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dury pmost of working life, even if retired) onruneo 13. FATHER'S NAME . MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o)()(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO.E 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY QCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 296. PLACE OF INJURY (Home, form, 20f. (City or fawn) 20c. TIME OF INJURY Month, Doy, Year (County) (Stole) Not while factory, street, office bldg., etc.) While of work of work 12:05 40.00 charge of the remains described above, held an Autapsy 21. I certify that L Inspection . Inquiry Notural causes Accident . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER D 229 BURIAL, CREMATION, 226. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 72d JOCATION (City, town, or county) TUNERAL DIRECTOR'S SIGNATURE 24g. REC'D_BY REGISTRAR EGISTRAR'S SIGNATURE

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OBALLO ED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08217 FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) e. COUNTY P090 MARYLAND b. CITY OR TOWN (I outside corporate limits, write #UFAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 100 Glen Burnie vears Same d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS a 15 k inches F ON A FARA 1 Same YES NO NO DO 436 Maple Lane N.W. reta: e Slat 3. NAME OF Middle 4. DATE First Lost Month DECEASED (Type or print) DEATH Marjorie A. Staubitz August 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED . B. DATE OF BIRTH 9. AGE | n years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. Months | Days Hours WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fare an country) 12. CITIZEN OF WHAT COUNTRY? Page ! during most of working life, even if retired) U.S.A. Florence, Howard Co. Md. Give Pages 1, 2 h form PM3. Po File pages 1 Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ella Pickett Louis Ridder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Iff yes, give wer as doles of service) <u>-</u> Georges Staubitz (Husband) Same 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY. Coronary Occlusion IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate couse ending" in p of Exominer's **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY ъ PERFORMED? ese a Medical NO TK 200. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or fown) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work of work 0 m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion death fesulted from: Natural causes 🐴 Accident , Suicide , Homicide , Undetermined manner DATE SIGNED **ACTUAL** SIGNATURE" ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** Gustave H. Faubert.M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 270 BURIAL CREMATION, 226, DATE THEREOF 27d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Haven Cemetery 246. REC'D BY REGISTEAR

A WASAILS

AUG VIETO ETA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08160 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH e. COUNTY **Q. STATE** b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY QR-TQWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ond give philinest fown) d. NAME OF MOSPITAL OF INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE Jd. STREET ADDRESS ON A FARME YES NO D 3. NAME OF First Middlew 4. DATE Month Doy Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 18. DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months Min. Days Hours WIDOWED DIVORCED | to USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? di 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes 15/WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 221X luck Assertens **DUE TO** Conditions, if any, which, gave rise to immediate cause (a), stoting the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1/19. WAS AUTOPSY PERFORMED? NO.E YES 🖂 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (State) (County) factory, street, affice bldg., etc.) Not while 0. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection A Inquiry , and find that Suicide | |. death resulted from Matural causes Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) MOVAL (Specify) Q 23 FUNERAL DIRECTOR'S SIGNATURE 240. RECID-BY REGISTRAR VS. ATSME(5) SM 9/55

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NAME OF THE PARTY OF THE PARTY

BUREAU V. S.

DECEIVEN

240, REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE-

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BUREAU V. R.

BUREAU V. S.

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n 1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	
4	08162 CERTIFICATE OF DEATH Reg. Dist. N	$8215_{\mathcal{A}}$
director.	1 PLACE OF DEATH . a. COUNTY	ion admission)
Page 16	CAY OR TOWN (If ourside corporae/lumins, write e. LENGTH OF STAY IN 3b call on the call of	
ort*	35 Vi Washinglon St. 35 30. Mashington St.	G. IS RESIDENCE ON A FARM? YES NO
ges 1	3. NAME OF DECEASED (Type or print) A DATE OF DEATH A DATE OF DEATH	Poy Year 1957
. Po	Temale Col WIDOWED B DIVORCED 1 9-10-1890 66 yrs Months Doys	
deoth.	10a. USUAL C CAPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign clustry) 12. CITIZEN during to the always ting life events female 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign clustry) 12. CITIZEN	OF WHAT COUNTRY
ve carb	Kobert Yorky Sebeca Wolling	ray
n 72 ha	15. WAS DECEASED EVER IN U. S. ARMED EFRCES? 16 SOCIAL SECURITY NO 12 INFORMALIT CHINA TRIBLE CHINAS Address Address Social Security Strugglet - China Triglet	is and
on plea nt within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DALLINGS OF DEATH [Enter only one couse per fine for (p), M. and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).	SET AND DEATH
mit. Th	Conditions, if any, which (b)	451-195
ond in	couse (a), stating the under. DUE TO lying couse last. (c)	
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remotio	Hour a. m. While Not while foctory, street, affice bldg., etc.) p. m. 19 of work of work	
burial, o	21. I certify that I attended the deceased from	saw the decease ate stated above
yior de	ACTUAL SIGNATURE	w 9/3/5
gistror g	NAME (Type) DI THE BOOKE H. JOHNSON MY ARY AND	
poge the re	220 BURIAL CREMATION. 226. DATE THEREOF TE NAME OF PEMETERY OR CREMATORY 220 LOCATION (G) town, or country 2	(State)
(4) 55	Dilliam Leeve & - amapoleo, Md. DATE, C 1987 /m 7	Thereby

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

7/ Breylang Coile. remain (comete (Empresola . (in nachala . 353). Shahata . dt. (entrepola 18 8 ST.00 TT 31832 9-10-1841 66 21. 1. 1. 11 Temple Cert. . -- - Limpuitue --Helseca 1) Jelliure, Novet yould Coinse Traighto Connepelus Ish. TA AVAPUL

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Surving-4-51 Hofbers Williamshewe To Currapulus, Mel.

BUREAU V. S.

1921 L 981

DECENTED

Beck MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08164 Reg. Dist. No. be filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b COUNTY A.A. To g. COUNTY MARYLAND b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give negret town) Anna polis Rt. #1 Edgewater Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENC OR INSTITUTION ON A FARM ". General Rt. 1 Box 180 YES TI NO. NAME OF Middle 4. DATE Month Year DECEASED OF DEATH HAROLD TRAFTON A . 8 31 1057 (Type or print) 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years last bighdoy) White Months Male 6/26/1890 Dovs WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Electrical Engineer Communications U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara I. Gilcrease Lorenzo George Trafton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes 1917-1919 Evelyn Trafton 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 62 MONINS DUE TO OF BUCCAL MUSOSA Canditians, if any, which gave rise to immediate DUE TO cattse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19 WAS AUTOPSY PERFORMED? YES NO 1 20g. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (Stole) factory, street, affice bldg., etc.) Hour a.m. Nat while at wark of work p. m. 21. I certify that I attended the deceased fram..... 22. 1257, that I last saw the deceased alive an__ and that death accurred at Jewi M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REPOYAP PROPERTY Arlington Nat'l. Arlington Va. 23. FUNERAL DIRECTOR'S SIGNATURE ADD RESS 24a, REC'D BY REGISTRAR 24b. REG 5 John M. Taylor and Annapolis, Md. ons 15M 9/55

DE VOICE : 2 - V UARMU . S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08218

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 3		<u> </u>					Reg. Dist	, No.
	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)			
Λ	" o. COUNTY A.	A.CO		MARYLAND	o. STATE D.C. b. COUNTY			
	b. CITY OR TOWN	(If outside corporate fimits, write	NUMAL C. LEN	GTH OF STAY IN 16	1	outside corporate limits,	write RURAL and a	ive negrest town) /
	and give nearest to	nen]				ington	4 1 x	, ,
Н	DAVID:	PITAL OR INSTITUTION (IF	not in hereitel, ei	ve etanat seldenset	d. STREET ADDRESS (St.,N.V	. IS RESIDENCE
	4	tize or i trittorion (ii	nor to respirate gr	At an eer occurss)	11	, mer		UN A FARMI
	=		-			4-14.51. N.	w	YES NO.
	3. NAME OF DECEASED	First	1	Middle	Last Jr	OF	Month	Day Year
	(Type or print)	RICHAR	id,	н.	ROTTER	DEATH	8	7 1937
	5. SEX	6 COLOR OR RACE	7- MARRIED 🔲 1	NEVER MARRIED	DATE OF BIRTH	9. AGE (In yellout builteday	.)	
	141	w	WIDOWED 🔲	DIVORCED [4/27/1940	17	yrs. Months Do	nys Hours Min
	10a, USUAL OCCUPA	TION (Give kind of work do	one 10b. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZE	N OF WHAT COUNTR
/		king life, even if retired) Pation	Assis	tant	Washingt	on.D.C.		
	13. FATHER'S NAME				14. MOTHER'S MAIDEN I			
	Dinhand	H Mmotto	n Sn	J		Nicholson		
	Richard	. H. Trotte:		SECURITY NO. 17. II	<u> </u>	112022022	Idana	
5	(Yes, no, or unknown)	(If yes, give war or dates of se			Richard H.	Trotter S	2803	Aspen_St.
1	no				TTOTACE CE AT	2100001,0	1 3 - 00) 1	
		EATH [Enter only one coun	per line for (a), (INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	MAS CAUSED BY	COMINT.	racture	. 5KU//			Sudden
	X	DUE TO	/					
4	Conditions, if	any, which) (b)						
		gove rise to immediate cause						
	(o), stating the	underlying (c)_						
					OT RELATED TO THE TERM	INALDISEASE CONDITION	N GIVEN IN PART I	(a) 19. WAS AUTOPSY
	PART H. C							YES NORMED?
	O EVIEDNAL C	ALICE WAS TON	DESCRIPE MOW	INTERNACED IN	inter nature of injury in Par	A 1 P II 11 20 1		TIES IT NOW
	20a. EXTERNAL C	ONTRIBUTING []	6. 9		ul RL.X			
			acco					
	20c. TIME OF IN	JURY Month, Day, Year		Not while / feet	CE Of INJURY (Home, form ory, greet, office bldg., etc.	1 201, (City or town)	(Count	
	¥ ••••	· 5-17 195		of work K	9hw MY	<u> </u>	A.A.	.0.
	21. I certify	that I taak charge	of the remain	ns described abo	ve, held an Autaps	y 🔲, Inspection	Inquiry	, and find the
	death results	ed from: Natural co	ayses 🗍, A	ccident 🕅 , Sui	cide 🔲 . Hamicide	. Undetermin	ed cause .	
		カン	7		_		_	
	ACTUAL	7000	1111		CHIEF MEDICAL E	CAMINER [7]		DATE SIGNED
1	SIGNATURE	THE TOTAL TO	/ /	,	_M.D. CITTLE MEDICAL D			
	EXAMINER'S	F.	han St.		DEPUTY MEDICAL			8-17-57
Ц	NAME (Type)	FINIU.	HIZOI					
	220. BURIAL CREMAT REMOVALISPECI BURIAL	O / OC / TO		LA CEMETERY OR		22d. LOCATION (City, N		ounty Md
			7		n Cemetery	Prince Ge		
	23. FUNERAL DIRECTO		0290	ORESS Lith S		[2	REGISTRAR'S SIGN	ATURE
	The S.	IT 9 True	Was	hing ton	9.D.C. DANG	2051	reduch	

DEPUTY MED MAINER: This certificate should be executed within 14 hours ofter doubth. If any delay is necessary, please everate the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your formation. The Full Medical Examiner's Office along with form PM3. Page 5 may be retained for your formation. or removo VS. A15ME(5) 5M 9/55

EUREAU V. L

2501 00 BUS

DECENDED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08221 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY COUNTY MARYLAND Anne Arundel District of Columbia Prince George's b. CITY OR TOWN (If outside carporate limits, write & JENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) 2vrs.Lmo.6davs Crownsville Washington, D. C. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs 5806 Sheriff Rd. Crownsville State YES I NO I NAME OF First Middle 4. DATE Month Day Yeor DECEASED Verg 8-25-(Type or print) Twitty 57 DEATH 10 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE fin years lost birthday) Months Days Hours WIDOWED X Male Negro DIVORCED [7] popers. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! desth. U.S.A. South Carolina Farmer Pull 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wash Twitty Adeline Twitty 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Crownsville, Maryland Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident IMMEDIATE CAUSE (6) DUE TO Generalized Arteriosclerosis Canditions, if ony, which (6) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) Haur e. ft. factory, street, office bldg., etc.) Not while at work 19 57 to 8-25- 1957 that I last saw the deceased 8-6-21. I certify that I attended the deceased from..... and that death occurred at 3:100 M, from the causes and an the date stated above ADDRESS (Street, city or town, stotal) DATE SIGNED ACTUAL ___Crownswille. Maryland PHYSICIAN'S Conwell Newton. M. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246. REGISTRAN'S SIGNATURE DATE 8-26-5

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1	18222 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•	Iten 14. Fig. 3219. 8/23/57 CERTIFICATE OF DEATH Reg. Dist. No. 22(1) 74
director.	1 PLACE OF DEATH O COUNTY TO THE COUNTY TO
2 2 2	b. CITY OR TOWN (It outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
the full	o NAME OF HOSPITAL (If not in hospital, give street address) The ibistitution 15T December 15T
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cian o	13. FATHER'S NAME WILLIAM WOLF Nory 11 rce
ng physics remove 72 hour	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (170) NO DEUTINGOUND (18) YOU GIVE NOT OF OUTSIDE OF SETTING. (18) YOU GIVE NOT OF SETING. (18) YOU GIVE NOT OF SETING
attendii n pleass within	18 CAUSE OF BEATH [Enter only one cause per Time Toy (a), (b) and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FUM ORAPY AND CAUSE ONSET AND DEATH ONSET AND DEATH
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ifficate iff	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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After After rial, or	21. I certify that I attended the deceased from 9/0, 1950, to 3/4, 195 (that I last saw the deceased
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Poge he reg	220. BUR AL CREMATION (C ty town, or equity) REMODAL (Specify) Little Control (C ty town, or equity) Little Control (C ty town, or equity) Little Control (C ty town, or equity)
VS A15 (4)	23 FUNERAL BLECTOR'S SIGNATURE ADDRESS to DATE I I C 1 DATE I I DATE I I C 1 DATE I I D
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BUREAU V. &

DECEIVED

0822 Items 1.9 CERTIFICATE OF DEATH 08223 Rea. Dist. No. PEACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) anne arun b COUNTY MARYLAND name and b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) RARAL and give nearest town) asadena d NAME OF HOSP TAL (If not in hospitol, give street oddress) d - STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? orth Shore Private home YES NO TH NAME OF Middle DATE Month DECEASED OF 5 Jainson Marner (Type or print) 19 AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last b rthdoy) Months WIDOWED IN DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ussund 13. FATHER'S NAME LOGIAN 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address \mathcal{O} 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which gove rise to Immediate **DUE TO** coese (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of item 18) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Q. m. While Not while at work at work 21. I certify that I attended the deceased from Can 1957, that I last saw the deceased and that death accurred at 2.2 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURI PHYSICIAN'S MOUNTAIN Rd. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City, Igwn, or county) (State) Burial Loudon Park Cemetery Baltimore, Maryland 8-6 23 FORIERAL DIRECTOR'S SIGNATURE 240 PREC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) ELLSWORTH ARMACOST 4600 Liberty Hights of . **ISM 9/SS**

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ME VIEW VIEW

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08165 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Lost Month Year DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED B. DATE OF BIRTH .. 9. AGE (In years lost_birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Hours WIDOWED [DIVORCED [5 8 yru. popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired Burni N62d 0 0 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? O YES NO Z 20°C. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while p. m. ot work 🔲 of work 21. I certify that I attended the deceased from. 19____that I last saw the deceased and that death occurred at ALM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE **PHYSICIAN'S** NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Glan Haven remorial Burnie 23. FUNERAL DIRECTOR'S SIGNATE 24g. REC'D BY REGISTRAR - PAGT REGISTRAR'S SIGNATURE Glen Burnie, wd OATE IIM 9/55



14		-	08166 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08223
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del erol our istro			NAME OF First Middle Lost 4. DATE Month Day Year (Type or print) Scale MAE.
f ony far you		<u> </u>	The William S
一年 70年			6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1894 P. AGE (in years less birthday) B. Months Days Hours Min.
3 to	/ - \	30c	USUAL OCCUPATION (Glyb kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZELY OF WHAT COUNTRY?
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~ . 6 -		13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
S 5 10 50			GEORGE DOWNAN JAMAH JARYSLEY
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Give T			MRS. HEURY Nowott NICK
P. S. A.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
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Word Word Exc Shou		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
die 3		MED	Hour o. m. While Not while of work of work of work
Fing Me Pog			21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection, Inquiry [], and find that
O Pie			death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined cause .
Sate Cate			ACTUAL OF THE SIGNED DATE SIGNED
High or a			SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
4 9 %			EXAMINER'S E. LINKARECT. DEPUTY MEDICAL EXAMINER SI 1/5/
cute the forward of FUN		-	BURIAL CREMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Slote)
F		62	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A SURFICIO BY REGISTRAR'S SIGNATURES ADDRESS
VS. A15ME(5) 5M 9/55		6	for 11. Toy for t. Sons Chunopolis, Md OATE 8/3/67
	1)	

BUREAU V. S.

AUG S 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) a. COUNTY "Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN III outside corporate um fil, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town! Glen Burnie Glen Burnie 3 hours. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Drifwood Tavern Wellham Ave. and Wilson Lane YES X NO NAME OF Middle DATE Year DECEASED (Type or print) DEATH Frank James Witkowski 19 57 August 1st. 4 COLOR OR RACE 7- MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [7] DIVORCED F 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? oug during most of working life, even if retired) U.S.A. Baltimore Md. Poultry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May Josephine Cichocki Steven Witkowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Miss.Agnes B.Witkowski (sister 218-32-2545 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN Sudden PART I, DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying cours lost. ø Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 0 NO P 20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour Not while o. m. at work of work 21. I certify that I tack charge of the remains described above, held an Autopsy , Inspection , Inquiry XX and find that death resulted from: Natural causes A. Accident . Svicide , Hamicide , Undetermined cause . The REC ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER | SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Gustave H. Faubert, M.D. DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stole)

VS A1SME(5) 5M 9/55 REMOVAL (Specify)

DICAL

23. FUNEGAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240 TRECTO BY LEGISTRAN, TYAP, REG STRAKES SIGNATURE

10166 Rd

2 .V U.

J 51

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BUREAU V. A.

DECENTED STORY

08226

If any delay is necessary, please exerte funeral sector. Page 4 should be

prior to buriel,

certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral at the Chicf Medical Examiner's Office along with form PM3. Page 5 may be retained for you. It DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regis. A wol.

forw forw TO FUP

VS. A15ME(5) 5M 9755

TE DEFETY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08226 Reg. Dist. No.

	1,	PLACE OF DEATH	-	2. USUAL RESIDENCE (When	a deceased lived If institu	rion: Residence be	ofare admission)
	L.	Anne Arundel	MARYLAND	o. STATE Sall	IG P. COUNT	Same	
	Ł	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	LENGTH OF STAY IN 16		side corporate limits, write	RURAL and give	nearest town]
		Linthicum	2 months	y Same			
12.00	, °	3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give street address)	d. STREET ADDRESS Same			ON A FARM?
	3	305 Regency Circle	Middle	4	DATE Manth		
		OFCEASED (Type or print) Broadus Lee Woo	_		of Manth OF Manth DEATH August 9	Day	Year 1957
	5. 9	6. COLOR OR RACE 7. MARRIED 2	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years east birthday)		IF UNDER 24 HRS
1		Male White WIDOWED	DIVORCED []	8/22/93	63 yes.	Months Days	Hours Min.
1	10a	. JSJAL OCCUPATION (Give kind of work dane 10b. KIND during most of working life, even if refired) Retired leather roller	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote or f Boonesville		U.S.	DE WHAT COUNTRY
- 1	_	FATHER'S NAME	CALAGIC	14. MOTHER'S MAIDEN NAM		0.00	***
		Robert Lee Wood		Florence Hal			
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOC	HAL SECURITY NO. 17. B	NFORMANT	Address		
ŧ	[Yes	. no. or unknown[(If yes, give war or dates of service)		Earl Wood (son			
		18. CAUSE OF DEATH [Enter only one cause per line for (INTE	RVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Multi	ple fracture	s of skull due	to self		
		7 /6 X DUE TO					
			icted wound	with a 12 gaug	e shot gun.	S	udden
		gave rise to immediate cause ((a), stating the underlying DUE TO					
		couse lost. (c)					
	NO.	PART II, OTHER'S GNIFICANT COND.T ONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
0	CATION						YES NO
	CERTIFI	200. EXTERNAL CAUSE WAS PR MARYDIX CONTRIBUTING [] CAUSE OF DEATH. 20b DESCRIBE HO		inter nature of injury in Part I a	Part II of item iB)		
	S	20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED 20e. PLAS	CE OF INJURY (Hame, farm, 12	OF. (City or lawn)	(County)	(State)
	MEDICAL	4.30 g.m. 8/9/57 19 While of work	1 2701 ACDIES 1 A.L.	ary, street, affice bldg., etc.)	Linthicum	A.A.	Md.
		21. I certify that I taak charge of the rem	ains described abo	ve. held an Autapsy F	Inspection XXI.		, and find the
		death resulted fram: Natural causes [],		cide 🔼 , Hamicide			, and this in
		ACTUAL SIGNATURE CUSTAGE Klau	Sec. Ul.				DATE SIGNED
72		SIGNATURE CONTRACTOR SIGNATURE	very	_M.D. CHIEF MEDICAL EXAMI	_		
		EXAMINER'S CALEBOARD II TO THE STATE OF	s T	ASSISTANT MEDICAL E		d/a/en	
	-	NAME (Type) Gustave H. Faubert, M.		DEPUTY MED CAL EXAM		8/9/57	
	220	SEMOVAL (Specify)	NAME OF CEMETERY OR	CREMATORY 220	LOCATION (City, lawn, o	r county)	(State)
	22	SUMERAL DIRECTOR'S SIGNALURE	ADDRESS	11LL IZU DECID DU	BOONSUIL		UA.
	23.	// // //	OIR TOUR	24a. REC'D BY	0 /	TRAR'S SIGNATU	KE
		-71 11 17 mele 141	10/18/2011	M AVILLANTA TE	107 [] /		

BUREAU V. L.

AUG 1: 1027

08227

08167

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE	e before admission)
	Arundel
10 10 10	
	e. IS RESIDENCE
	ON A FARM?
I 213 Lockwood Court	YES NO 🖸
Lost 4. DATE Month	Day Year
WOOD DEATH August	6 1957
B. DATE OF BIRTH P. AGE (In years IF UNDER)	
	Days Hours Min.
	ZEN OF WHAT COUNT
	.S.
Annie BOWEN	
, INFORMANT Address	
U.S. Naval Hospital, Annapolis, M	ld.
	INTERVAL BETWEEN
liem Maccine	ONSET AND DEATH
TIOM, Masolve	
right ventrical	
UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	PERFORMED?
RED. (Enter nature of injury in Part I as Part II of item 18.)	TO TE HO
ness ferror manual at might be that the transfer at the transf	
PLACE OF INJURY (Home, form, 20f. (City or town) (Cofoctory, street, office bidg., etc.)	ounty) (Stote
rocidity, sitesi, office blog., erc.)	
Tostary, sites, other bidg., etc.)	
st, 19 57, 10 6 August, 19 57,1hot I lo	
st, 19_57, to 6 August , 19_57, that I lo	e date stated abo
st, 19 57, to 6 August., 19 57, that I louth accurred at 6:50 A.M., from the causes and an the ADDRESS (Street, city or town, state)	e date stated abor DATE SIGN
st, 19_57, to 6 August , 19_57, that I lo	e date stated abor DATE SIGN
st, 19 57, to 6 August., 19 57, that I louth accurred at 6:50 A.M., from the causes and an the ADDRESS (Street, city or town, state)	e date stated abor DATE SIGN
st, 19 57, to 6 August., 19 57, that I louth accurred at 6:50 A.M., from the causes and an the ADDRESS (Street, city or town, state)	e date stated abor DATE SIGN
st. , 19 57, to 6 August , 19 57, that I lout accurred at 6:50 A.M., from the causes and an the ADDRESS (Street, city or town, state) M.D. U.S. Naval Hospital, Annapoli	e date stated above DATE SIGN S, Md. 8-7-5
st. , 19 57, to 6 August , 19 57, that I louth accurred at 6:50 A.M., from the causes and an the ADDRESS (Street, city or town, state) M.D. U.S. Naval Hospital, Annapoli	e date stated above DATE SIGN S.Md. 8-7-5
st. , 19 57, to 6 August , 19 57, that I lot accurred at 6:50 A.M., from the causes and an the ADDRESS (Street, city or town, state) M.D. U.S. Naval Hospital, Annapoli OR CREMATORY 22d-10CATION (City, town, or costity)	e date stated above DATE SIGN S.Md. 8-7-5 (State)
st. , 19 57, to 6 August , 19 57, that I louth accurred at 6:50 A.M., from the causes and an the ADDRESS (Street, city or town, state) M.D. U.S. Naval Hospital, Annapoli	e date stated above DATE SIGN S.Md. 8-7-5 (State)
3	Annapolis d. street Address d. street Address 213 Lockwood Court 4. DATE

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director. page 3. Uld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 574 2 should be filled with the registrar prior to burial, cremation, at remayal, and in any event within 72 hapts after death. VS A1S (4) 15M 9/SS

BUREAU V. S.

_2561 8 9NV

BECEINED

08169

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the haspital or attending physician.

TO FUNERAL TRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shat. The detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

CENTIFICATE OF DEATH

21

			TO	0				AIE OF D	167-111	•			Reg. D	list. No		01
1. PLACE OF DEAT		Arund	el			MAI	RYLAND	2. USUAL RESID o. STATE		ere decess 1 vani		institutio OUNTY	on: Reside	ence befo	ore admis	tion)
b. CITY OR TOY RURAL and g	ive near	utside corpore est town)	ote limits	, write	c. LENG	TH OF STA		e. CITY OR T			prote limits,	write R	URAL ond	give ne	arest tow	n) _{//}
d. NAME OF H		(If not in hos	oital, air	re street o	oddress)	3 mont	hs	d. STREET A	xil H	ill		- /	/ X X		e. IS RE	SIDENCE
OR INSTITUT	ION	Hosp						724 Co		rook .	Avenue	3			ON /	FARM?
NAME OF			First			Midd	le	Lost		4. DATE		Mon	th	De	ру	Yeor
(Type or print)		Не	erbe	rt		(n)	WY	CHERLEY		OF DEATH		Augu	st	8		1957
. SEX	6	. COLOR OR	RACE	7. MARR	HED KN	IEVER MARI	RIED 🔲	8. DATE OF BIRTH	1		9. AGE (I lost bir	n yeors	IF UNDE		IF UND	-
Male		laucasi	ian	WIDOWE	ED 🗌	DIVORC	ED 🔲	21 SEPT	1885		71	yrs.	Would	Days	Hours	Min
On. USUAL OCCUP during most of	PATION f working	(Give kind of	work di	one 105.	KIND OF	BUSINESS	OR INDU	STRY 11. BIRTHPU	ACE (Slote	or foreign	country)		12. C	ITIZEN C	OF WHA	COUN
	-	Retire	ed						gland					U.S		
3. FATHER'S NAM	E							14. MOTHER'S	MAIDEN N	IAME						
Herbert							- 1	The second of	ia HA	RTLEY						
15. WAS DECEASED		res, give wor or a			SOCIAL S	ECURITY N		NFORMANT	7.7			Addr			7	
37 -		WW T					1 11	.S. Nava	L Hos	pital	. Anna	Loge	15, 1	Mary.	Land	
434.	. DEATH	[Enter only WAS CAUSE WMEDIATE CA	D BY: LUSE (0). DUE TO (b).)-]	t Failur						INT	erval B SEJ AND HOU	DEATH
PART I. 434 Conditions, gove rise code (a), sta lying couse	DEATH If any, to immoting the lost.	Enter only WAS CAUSE WAS CAUSE WAS CAUSE WAS CAUSE WAS CAUSE WAS	D BY: AUSE (0) DUE TO (b) DUE TO	Co	onges	stive	Hear		ë	NAL DISEAS				INT ON S	ERVAL BI SET AND HOU	AUTOP
18. CAUSE OF PART I. 434. Conditions, gove rise cotie (a), sto lying couse Part II. OR CONTRIBUTION (IF EITHER, NO. 19) COLUMN OF THE POUR OF THE PO	if any, to importing the lost. OTHER	I (Enter only) WAS CAUSE WMEDIATE CA which nediote under SIGNIFICAN UNDERLYING I CAUSE OF I	ED BY: AUSE (0); DUE TO (b); OUE TO (c)	CO ITIONS C	CONTRIBU CRIBE HO	TING TO D W INJURY CCURRED while	Hear Hear OCCURRE	t Failur	THE TERMI	Part I ar Po	SE CONDITI	ION GIV	EN IN PA	INT ON S	ERVAL BI SET AND HOU 19. WAS PERFO YES T	DEAT

letter in a faited part on four car I and the second of the second of the TOST TO THE TOP IS THE SELECTION IN THE